

# Response To Order To Show Cause

JF 55

## COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

**FILED**

AUG 12 2008

RICHARD W. WIEKING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Name Bloodsaw Theopric K.

(Last)

(First)

(Initial)

Prisoner Number N/A

Institutional Address PBSP, BX-113, P.O. Box 7500,  
Crescent City, CA. 95532

### UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

Bloodsaw Theopric  
(Enter the full name of plaintiff in this action.)

CV 08

3855

vs.

et al.

Nelson D.

Harlow D. J.

Case No. \_\_\_\_\_  
(To be provided by the clerk of court)

COMPLAINT UNDER THE  
CIVIL RIGHTS ACT,  
42 U.S.C §§ 1983

(PR)

(Enter the full name of the defendant(s) in this action)

E-filing

[All questions on this complaint form must be answered in order for your action to proceed..]

#### I. Exhaustion of Administrative Remedies

[**Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement PBSP

B. Is there a grievance procedure in this institution?

YES (✓) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at

COMPLAINT

- 1 -

08-3855 JF

2.

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal Two emergency appeals to  
Director's Level Review. CV-00752  
JF-550. Supreme Court Reports 88
2. First formal level LAW. ED. Oct. 1943 TERM U.S.  
320 (pp. 219 to end) U.S. 321-322 III Partic  
ular circumstance under which exha  
ustion of state remedies  
is or is not necessary.
3. Second formal level

4. Third formal level

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (✓) NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why.

## II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Bloodsaw Theopric, PBSP, B8-113, P.O. Box  
7500, Crescent City, CA. 95532

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

Nelson D., Correctional Officer, PBSP.  
Harlow D.J., Correctional Officer, PBSP.

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

Nelson D., 10-5-07 Seditious an private cons-  
piracy to deprive const. rights (ADA) single  
cell housing liberty, due process of law, eg-  
ual protection of the law, breach of duty,  
entrapment forced BMU an ASU, sexual mis-  
conduct, under color of law. Harlow D.J.,  
10-3-07 Seditious an private conspiracy to  
deprive const. rights (ADA) single cell hous-  
ing liberty, due process of law, equal prote-  
ction of the law, breach of duty, entrap-  
ment forced BMU an ASU, sexual misconduct,  
attempt forced double cell, warrantless disci-  
plinary, under color of law. Sedition et al.

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

I am asking the court for just compensation for  
punitive, monetary, and liability, an slander  
damages. I am asking the court for a permane-  
nt injunction and grant me single cell housing

4.  
1 that I'm legally or medically (ADA) entitle  
2 to  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 I declare under penalty of perjury that the foregoing is true and correct.  
6

7 Signed this 7 day of July, 2008  
8

9 T. Bloodsaw  
10 (Plaintiff's signature)  
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28

FORM E

Proof of Service by Mail

[Case Name and Court Number]

I declare that:

I am a resident of PBSP in the county of Del Norte,  
California. I am over the age of 18 years. My residence address is:  
P.O. Box 7500, Crescent City, CA. 95532  
On 7-7-08, I served the attached Civil Right Complaint on the  
Court in said case by placing a true copy thereof enclosed in a  
sealed envelope with postage thereon fully paid, in the United States mail at

PBSP

addressed as follows:

U.S. Dist. Court, Northern Dist. of CA., 450  
Golden Gate Ave., San Francisco, CA. 94102

I declare under penalty of perjury under the laws of the State of California that the  
foregoing is true and correct, and that this declaration was executed on 7-7-08 [date],  
at Crescent City, California.

Bloodsaw Theopric  
[Type or Print Name]

T. Bloodsaw  
[Signature]

II.

Petitioner denies the allegations contained in paragraph II of the return.

III.

Petitioner admits the allegations contained in paragraphs III, IV, and V of the return.

[Add any further allegations which are appropriate and not already included in the petition.]

Petitioner realleges and incorporates by reference herein all the allegations and contentions set forth in the petition.

WHEREFORE, petitioner requests that the relief prayed for in the petition be granted.

DATED:

Respectfully submitted,

[Signature] \_\_\_\_\_

[Type your name here]

[Attach a Memorandum of Points and Authorities to the Denial and Exception to the Return. This Memorandum should address the legal arguments made by the Attorney General or District Attorney. For a model format, please refer to the sample Memorandum of Points and Authorities included in Form B. Mail a copy of the denial to the court and a copy to the Attorney General or District Attorney who filed the Return. Attach a proof of service form.]

# MOTION-PC.1538.5

P.C. 1538.5. Motion to return property or suppress evidence.

(A)(1) A defendant may move for the return of property or to suppress as evidence any tangible or intangible thing obtained as a result of a search or seizure or either of the following grounds

(i) The warrant is insufficient on its face

(iv) The method of execution of the warrant violated Federal and state constitutional standards

(H) IF prior to the trial of a felony or misdemeanor opportunity for this motion did not exist or the defendant was not aware of the grounds for the motion the defendant shall have the right to make this motion during the course of trial

P.C.  
995

# MOTION

Grounds; Motion to set aside; delay in final ruling  
(a) Subject to subdivision (b) of Section 995a, the indictment or information shall be set aside by the court in which the defendant is arraigned, upon his or her motion, in either of the following cases:

(1) IF it is an indictment:

(A) Where it is not found, endorsed, and presented as prescribed in this code.

(B) That the defendant has been indicted without reasonable or probable cause.

(2) IF it is an information:

(A) That before the filing thereof the defendant had not been legally committed by a magistrate.

(B) That the defendant had been committed without reasonable or probable cause.

(b) In cases in which the procedures set out in subdivision (b) of Section 995a is utilized, the court shall reserve a final ruling on the motion until those procedures have been completed.



# MOTION 1004.

P.C. 1004 Demurrer; grounds

The defendant may demur to the accusatory pleading at any time prior to the entry of a plea, when it appears upon the face thereof either;

1. If an indictment that the grand jury by which it was found had no legal authority to inquire into the offense charged or, if an information or complaint that the court has no jurisdiction of the offense charged therein;
2. That it does not substantially conform to the provisions of Sections 950 and 952 and also Section 951 in case of an indictment or information;
3. That more than one offense is charged except as provided in Section 954;
4. That the facts stated do not constitute a public offense;
5. That it contains matter which, if true would constitute a legal justification or excuse of the offense charged, or other legal bar to the prosecution.

# MOTION

MOTION TO DISMISS  
LACK OF JURISDICTION OVER THE  
SUBJECT MATTER

# MOTION

## MOTION TO CORRECT RECORD

# MOTION

## MOTION FOR SUMMARY JUDGMENT

# MOTION

*Motion To Dismiss For Insufficiency*

MOTION  
PITCHES MOTION

MOTION  
MOTION FOR DEFAULT

EXHIBIT

**ORIGINAL**

A



**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



December 17, 2007

BLOODSAW, THEOPRIC, P20045  
Pelican Bay State Prison  
P.O. Box 7000  
Crescent City, CA 95531-7000

RE: IAB# 0713606      STAFF COMPLAINTS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief  
Inmate Appeals Branch

State of California  
CDC FORM 695  
Screening For:  
CDC 602 Inmate/Parolee Appeals  
CDC 1824 Reasonable Modification or Accommodation Request

---

RE: Screening at the FIRST Level

October 26, 2007

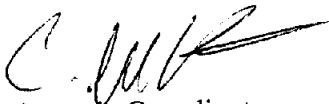
**BLOODSAW, P20045**  
**ASUE00000000001L**

Log Number: PBSP-S-  
(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

*You have failed to reasonably demonstrate that the issue you are appealing adversely affects your welfare, pursuant to CCR 3084.1(a).*

**THE OFFICE OF THE CHIEF DEPUTY WARDEN HAS DETERMINED YOUR ALLEGATION DOES NOT WARRANT AN INQUIRY INTO STAFF MISCONDUCT. YOUR APPEAL IS THEREFORE BEING REJECTED AND RETURNED TO YOU FOR THE ABOVE NOTED REASON.**

  
Appeals Coordinator  
Pelican Bay State Prison

**NOTE:** Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

**PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE**

OCT 26 2007

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

2.

1.

2.

**PBSP**

**+11**

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

|                                  |                         |                        |                                   |
|----------------------------------|-------------------------|------------------------|-----------------------------------|
| NAME<br><b>Bloodsaw Theopric</b> | NUMBER<br><b>P20045</b> | ASSIGNMENT<br><b>Z</b> | UNIT/ROOM NUMBER<br><b>ASU-E1</b> |
|----------------------------------|-------------------------|------------------------|-----------------------------------|

A. Describe Problem: **C/O, D. Nelson I am being housed in ASU unlawfully under a unlawful CDC No. P20045 and you have shown a great deal of hostility towards me. On 10-5-07 in the process of escorting me from the shower you made a statement saying I was afraid to take a cellie because they are going to take my butt from me. I am in state prison because of the same Hispanics an Bloods informants that you are getting your information from. They have**

If you need more space, attach one additional sheet.

**that sex rumor an many others such as I better not ever come on the yard floating all over PBSP and you as a CDC, C/O has chosen to jump on the ban wagon with the informants. On 11-8-02 I did not commit a crime I was**

Inmate/Parolee Signature: **T. Bloodsaw** Date Submitted: **10-11-07**

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)  
Staff Response: **Bypass - informal review not required**

**BYPASS**

RECEIVED  
NOV 13 2007  
INMATE APPEALS  
BRANCH

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

D. FORMAL LEVEL  
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification Chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

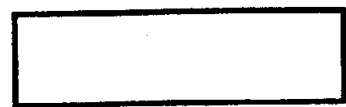
**I am legally and medically entitle to single cell housing since my arrival at PBSP 2-24-04. 265. Ct. 282, 200 U.S. 321 United States v. Timber & Lumber Co. (1906) 3075.3. Discharge Certificates. 3085. Americans With Disabi-**

Signature: **T. Bloodsaw** Date Submitted: **10-11-07**

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

OCT 12 2007 TO CDW  
OCT 26 2007 25



# INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

|                                  |                         |                        |                                   |
|----------------------------------|-------------------------|------------------------|-----------------------------------|
| NAME<br><u>Bloodsaw Theopric</u> | NUMBER<br><u>P20045</u> | ASSIGNMENT<br><u>Z</u> | UNIT/ROOM NUMBER<br><u>ASU-E1</u> |
|----------------------------------|-------------------------|------------------------|-----------------------------------|

A. Describe Problem: unlawfully arrested as a parole violator P.C. 5011. a parole warrant is P.C. 3056. 3000. Definitions. 3013. Unlawful Influence. 3401. Employee and Inmate/Parolee Relations. 3401.5. Employee Sexual Misconduct. 3901.17.2. Criteria for Placement of Parole Hold. 3401.5. Incompatible Activity. 3377.1. Inmate Custody Designations. 3273. Acceptance and Surrender of Custody. 3075.1. Intake Processing. 3160. Inmate Access to Courts. 103 U.S. 370, 103 U.S. 370 Neal v. State of Delaware (1900)

If you need more space, attach one additional sheet.

B. Action Requested: Now I'm taking the privilege of asking you for jurisdiction requirements according to the U.S.C. Amendments I-IV-V-VIII-IX-XIII-XIV you have know reason to disrespect me. CV-00752-JF-Suit 550

Inmate/Parolee Signature: T. Bloodsaw Date Submitted: 10-11-07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)  
Staff Response: Bypass - informal review not required

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

## D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

ities Act. 41 Cal. Rptr. 590, 62 Cal. 2d 176 People v. Gallegos (1964) 80 S.Ct. 442 361 U.S. 516 Bates v. City of Little Rock (1960) 65 Ct. 1084, 118 U.S. 356 Vick Wo v. Hopkins (1886) 92 U.S. 275, 92 U.S. 275 Chy Lung v. Freeman (1875)

Signature: T. Bloodsaw  
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: 10-11-07  
CDC Appeal Number: \_\_\_\_\_

RECEIVED  
NOV 13 2007  
INMATE APPEALS  
BRANCH

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



December 12, 2007

BLOODSAW, THEOPRIC, P20045  
Pelican Bay State Prison  
P.O. Box 7000  
Crescent City, CA 95531-7000

RE: IAB# 0713161      STAFF COMPLAINTS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief  
Inmate Appeals Branch

State of California  
CDC FORM 695  
Screening For:  
CDC 602 Inmate/Parolee Appeals  
CDC 1824 Reasonable Modification or Accommodation Request

---

RE: Screening at the FIRST Level

October 24, 2007


**BLOODSAW, P20045**  
**ASUE0000000001L**

Log Number: PBSP-S-  
(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

*You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).*

**THIS SAME COMPLAINT WAS ALREADY RECEIVED BY THIS OFFICE AND PROCESSED VIA THE CDW ON 10-23-07.**

  
Appeals Coordinator  
Pelican Bay State Prison

**NOTE:** Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

**PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE**

OCT 24 2007



STATE OF CALIFORNIA

Location: Institution/Parole Region

Log No.

Category

# INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

1.

1.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

|  |                         |                        |                                   |
|--|-------------------------|------------------------|-----------------------------------|
| NAME<br><u>Bloodsaw Theophris P20045</u> | NUMBER<br><u>P20045</u> | ASSIGNMENT<br><u>2</u> | UNIT/ROOM NUMBER<br><u>ASU-E1</u> |
|--|-------------------------|------------------------|-----------------------------------|

A. Describe Problem: C/O Harlow D. J. I am taking the privilege of as- King you for jurisdiction requirements for my false im- prisonment at PBSP according to the U.S.C. Amendments I-IV-V-VIII-IX-XIII-XIV. On 11-8-02 I was unlawfully arrested as a parole violator P.C. 5011. a parole warrant is P.C. 3056. CDC No. P20045 is unlawful and void. Out of hostility an bigotry you came to my cell with the picture identification card of another inmate demanding me to

If you need more space, attach one additional sheet.

move into his cell. I told her I was not moving into his cell or going to take a cellie she stated that I was afraid and scared that he was going to take my butt from me. I have heard the Southern Hispanics and Blood

Inmate/Parolee Signature: T. Bloodsaw

Date Submitted: 10-24-07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: Bypass - informal review not required

RECEIVED  
NOV-5 2007  
INMATE APPEALS  
BRANCH  
@ 5:00 PM

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

80 S. Ct. 412, 361 U.S. 516 Bates v. City of Little Rock (1960)  
9 S. Ct. 122, 128 U.S. 456 Cornelius v. Kessel (1888) 26 S. Ct.  
282, 200 U.S. 321 United States v. Detroit Timber & Lumber  
Co. (1906) 72 S. Ct. 205, 342 U.S. 165 Rochin v. California (1952)

Signature: T. Bloodsaw

Date Submitted: 10-24-07

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

OCT 24 2007

16



CDC 602 (12/87)

Date: \_\_\_\_\_

☐ See Attached LetterDIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

For the Director's Review, submit all documents to:  
 Director of Corrections  
 P.O. Box 942883  
 Sacramento, CA 94283-0001  
 Attn: Chief, Inmate Appeals

Signature: \_\_\_\_\_ Date Submitted: 10-30-07

*T. Bloodman*  
 Seattle (1967) 635 Ct. 177, 317 U.S. 213 Pyle v. State of Kansas (1942)  
 LeMere v. Goren (1965) 875 Ct. 1737, 387 U.S. 541 See v. City of  
 13 Blyden v. Hogan (1970) 43 Cal. Rptr. 898, 233 Cal. App. 2d 499  
 Attica Correctional Facility v. Rockefeller (1971) 320 F. Supp. 5  
 C.E. Wilber, Appeals Coordinator refused to cooperate at  
 the second level for malice reasons. 453 F. 2d 12, Inmates of  
 H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

☐ See Attached Letter

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Second Level: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

Signature: \_\_\_\_\_ Date Submitted: 10-29-07

*T. Bloodman*  
 97 U.S. 652, 97 U.S. 652 Barney v. Dolph (1878) \*811 605 Ct. 811  
 V. Kelly (1970) 785 Ct. 1332, 357 U.S. 513 Speiser v. Randall (1958)  
 and not against C/O Harlow, 905 Ct. 1011, 397 U.S. 254 Goldberg  
 Your statements are false my last appeal was on 10-11-07  
 receipt of response.  
 F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

First Level: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Division Head Approved: \_\_\_\_\_ Returned \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

*C.E. Wilber, Appeals Coordinator made false statement on a miscellaneous piece of paper saying my chronological history did not support my appeal he said that because it is a fraudulent document. It was returned without my appeal.*

Signature: *T. Bloodsaw* Date Submitted: *11-9-07*

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_  
☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

*Horel Robert A., Warden or Cook M. Associate Warden rejected my appeal for malice reason. My appeal is asking for jurisdiction requirements U.S.C.A. 785.Ct. 1332, 357 U.S. 513 Speiser v. Randall (1958) 83 S.Ct. 1790, 374 U.S. 398 Sherbert v. Verner (1963) 101 U.S. 260, 101 U.S. 260 Simmons v. Wagner (1879) 48 F.2d 1028 Johnson v. Glick (1973)*

Signature: *T. Bloodsaw* Date Submitted: *11-9-07*

For the Director's Review, submit all documents to: Director of Corrections  
 P.O. Box 942883  
 Sacramento, CA 94283-0001  
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_  
☐ See Attached Letter

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Returned \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

92 S.Ct. 2593, 408 U.S. 471 Morrissey v. Brewer (1972) 89 S.  
Ct. 1322, 394 U.S. 618 Shapiro v. Thompson (1969) 90 S.Ct. 1011,  
397 U.S. 254 Goldberg v. Kelly (1970) 43 Cal. Rptr. 898, 233  
Cal. App. 2d 799 LeMere v. Goren (1965)

Signature: T. Bloodsaw Date Submitted: 11-9-07

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add date or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

9 S.Ct. 122, 128 U.S. 456 Cornelius v. Kessel (1888) 97 U.S.  
652, 97 U.S. 652 Barney v. Delph (1878) 72 S.Ct. 205, 342 U.  
S. 165 Rochin v. California (1952) 87 S.Ct. 1737, 387 U.S. 54 -  
1 See v. City of Seattle (1967) 81 S.Ct. 473, 365 U.S. 167 Mon-  
roe v. Pape (1961) 320 F.Supp. 513 Blyden v. Hogan (1970) 68 S.  
Ct. 1049, 334 U.S. 266 Price v. Johnston (1948)

Signature: T. Bloodsaw Date Submitted: 11-9-07

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

☐ See Attached Letter

Date: \_\_\_\_\_

# INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

|                                  |                         |                        |                                   |
|----------------------------------|-------------------------|------------------------|-----------------------------------|
| NAME<br><u>Bloodsaw Theopric</u> | NUMBER<br><u>P20045</u> | ASSIGNMENT<br><u>Z</u> | UNIT/ROOM NUMBER<br><u>ASU-E1</u> |
|----------------------------------|-------------------------|------------------------|-----------------------------------|

A. Describe Problem: gang members tell her that they did not want me in here and I was afraid to take a cellie because they are going to take my butt. I am lawfully an medic-ally entitled to single cell housing she is contradicting CCR Title 15. 3000. Definitions. 3901.17.2. Criteria F- or Placement of Parole Hold. 3075.1. Intake Processing. 3377.1. Inmate Custody Designations. 3160. Inmate Access to Courts. 3013. Unlawful Influence.

If you need more space, attach one additional sheet.

B. Action Requested: I am asking CIO Harlow D.J. For jurisdiction requirements according to the I.C. Amendments I-IV-V-VIII-IX-XIII-XIV.

CV-00752-JF-550

Inmate/Parolee Signature: T. BloodsawDate Submitted: 10-24-07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: Bypass - informal review not required

RECEIVED  
NOV - 5 2007  
INMATE APPEALS  
BRANCH

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

D. FORMAL LEVEL

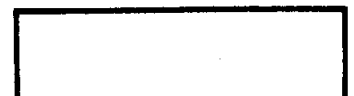
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 12B, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

3271. Responsibility of Employees. 3273. Acceptance and Surrender of Custody. 3401. Employee and Inmate/Parolee Relations. 3401.5. Employee Sexual Misconduct. 3085. Americans With Disabilities Act. \*540 17s. ct. 540

Signature: T. BloodsawDate Submitted: 10-24-07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Returned \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

89 S.Ct. 1322, 394 U.S. 618 Shapiro v. Thompson (1969) 92 U.S. 275,  
 92 U.S. 275 Chy Lung v. Freeman (1875) 96 S.Ct. 1848, 425 U.S. 7 -  
 38 Hospital Bldg. Co. v. Trustees of Rex Hospital (1976) 6 S.Ct 73 -  
 4, 117 U.S. 241 Ex parte Royall (1886)

Signature: T. Bloodsaw Date Submitted: 10-29-07Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

87 S.Ct. 1727, 387 U.S. 523 Camara v. Municipal Court of City and  
 County of San Francisco (1967) 81 S.Ct. 473, 365 U.S. 167 Mo-  
 nroe v. Pape (1961) 41 Cal. Rptr. 590, 62 Cal. 2d 176 People v. Gall-  
 egos (1964) 92 S.Ct. 2593, 408 U.S. 471 Morrissey v. Brewer (197-  
 2) 83 S.Ct. 1790, 374 U.S. 398 Sherbert v. Verner (1963) 101 U.S. 260,  
 101 U.S. 260 Simmons v. Wagner (1879)

Signature: T. Bloodsaw Date Submitted: 10-30-07

For the Director's Review, submit all documents to: Director of Corrections  
 P.O. Box 942883  
 Sacramento, CA 94283-0001  
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_☐ See Attached Letter

Date: \_\_\_\_\_

E OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## LES VIOLATION REPORT

GPL= 3.3

CCCMS-NO

|                             |   |                                 |                  |                         |                        |
|-----------------------------|---|---------------------------------|------------------|-------------------------|------------------------|
| NUMBER<br>0045              | INMATE'S NAME<br>BLOODSAW                 | RELEASE/BOARD DATE<br>5-28-2020 | INST.<br>PBSP    | HOUSING NO.<br>ASUE-01L | LOG NO.<br>E07-10-0003 |
| ATED RULE NO(S)<br>3005 (b) | SPECIFIC CHARGE<br>REFUSAL TO OBEY ORDERS | LOCATION<br>ASU-1               | DATE<br>10-03-07 | TIME<br>1000            |                        |

## CIRCUMSTANCES

10-03-07, at approximately 1000 hours, while assigned as the Administrative Segregation Unit-1 (ASU-1) S/E OFFICER #2, I informed inmate **BLOODSAW**, P-20045, ASUE-01L, that it is the expectation for inmates in the ASU to voluntarily double cell, unless there is a documented and justified reason in their Central File stating otherwise. An inmate is considered to have refused to double cell when the inmate refuses to allow another to move into his cell or refuses to move into another cell, housing a second inmate. I afforded **BLOODSAW** opportunity to cell with inmate **SMITH**, V-14095. **BLOODSAW** stated, "I aint takin no cellie, fuck you, Bitch, I aint even supposed to be a Bitch, Fuck you." I informed **BLOODSAW** he would receive a CDC-115 for refusing to double cell.

This inmate is not EOP or crisis Bed. Following current guidelines for mental health assessments, the circumstances of this offense have been carefully evaluated. The Reviewing Supervisor has concluded that a Mental Health Assessment is not required.

|  |  |   |              |
|--|--|---|--------------|
| REPORTING EMPLOYEE (Typed Name and Signature)<br>J. HARLOW | DATE<br>10/5/07                          | ASSIGNMENT<br>ASU S/E #2  | RDO'S<br>S/S |
| REPORTING SUPERVISOR'S SIGNATURE<br>R.E. BERRY, SGT.       | DATE<br>10-5-07                          | <input type="checkbox"/> INMATE SEGREGATED PENDING HEARING<br>N/A   |              |
| CLASSIFIED BY (Typed Name and Signature)<br>G.H. WISE, LT. | DATE<br>10-5-07                          | HEARING REFERRED TO<br><input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> |              |
| COPIES GIVEN INMATE BEFORE HEARING                         |  |   |              |
| CDC 115  | BY: (STAFF'S SIGNATURE)<br>M. HENSHAW CO | DATE<br>10/19/07  | TIME<br>1145 |
| INCIDENT REPORT LOG NUMBER:<br>N/A                         | BY: (STAFF'S SIGNATURE)                  | DATE  | TIME         |
|  |  |   |              |

SEE ATTACHED HEARING DISPOSITION

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)

G.A., KELLEY, SENIOR HEARING OFFICER

VIEWED BY: (SIGNATURE)

A. FOSS, CAPT

DATE

10/24/07

SIGNATURE

CHIEF DISCIPLINARY OFFICER'S SIGNATURE

M.A. COOK, AWGP

DATE

10/30/07

TIME

0946H

DATE

11-01

TIME

1100

☒ COPY OF CDC 115 GIVEN INMATE AFTER HEARING



STATE OF CALIFORNIA

SERIOUS RULES VIOLATION REPORT

DEPARTMENT OF CORRECTIONS

|                       |                           |                                  |                 |                     |                        |
|-----------------------|---------------------------|----------------------------------|-----------------|---------------------|------------------------|
| CDC NUMBER<br>P-20045 | INMATE'S NAME<br>BLOODSAW | VIOLATED RULE NO(S).<br>3005 (b) | DATE<br>10-3-07 | INSTITUTION<br>PBSP | LOG NO.<br>E07-10-0003 |
|-----------------------|---------------------------|----------------------------------|-----------------|---------------------|------------------------|

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

POSTPONEMENT OF DISCIPLINARY HEARING

|  |                    |      |
|--|--------------------|------|
| <input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution. | INMATE'S SIGNATURE | DATE |
| <input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.        | INMATE'S SIGNATURE | DATE |
| DATE NOTICE OF OUTCOME RECEIVED  | DISPOSITION        |      |
| <input type="checkbox"/> I REVOKE my request for postponement.   | INMATE'S SIGNATURE | DATE |

STAFF ASSISTANT

|   |                                     |         |
|---|-------------------------------------|---------|
| STAFF ASSISTANT   | INMATE'S SIGNATURE                  | DATE    |
| <input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE | <i>Refused to sign</i>              | 10/9/07 |
| <input checked="" type="checkbox"/> ASSIGNED  | DATE 10/8/07 NAME OF STAFF P. Price |         |
| <input type="checkbox"/> NOT ASSIGNED   | REASON (gpl: 3.3)                   |         |

INVESTIGATIVE EMPLOYEE

|   |                                  |         |
|---|----------------------------------|---------|
| INVESTIGATIVE EMPLOYEE  | INMATE'S SIGNATURE               | DATE    |
| <input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE | <i>Refused to sign</i>           | 10/9/07 |
| <input type="checkbox"/> ASSIGNED   | DATE NAME OF STAFF               |         |
| <input checked="" type="checkbox"/> NOT ASSIGNED  | REASON DNMC per CCR 3315 (d) (1) |         |

EVIDENCE / INFORMATION REQUESTED BY INMATE:

None

WITNESSES

|  |  |   |  |
|--|--|---|--|
| WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS) |  |   |  |
| <input type="checkbox"/> REPORTING EMPLOYEE                          | <input type="checkbox"/> STAFF ASSISTANT | <input type="checkbox"/> INVESTIGATIVE EMPLOYEE | <input checked="" type="checkbox"/> NONE |
| WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)                        |  | WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)   |  |
| GRANTED <input type="checkbox"/>                                     | NOT GRANTED <input type="checkbox"/>     | GRANTED <input type="checkbox"/>                | NOT GRANTED <input type="checkbox"/>     |
| GRANTED <input type="checkbox"/>                                     | NOT GRANTED <input type="checkbox"/>     | GRANTED <input type="checkbox"/>                | NOT GRANTED <input type="checkbox"/>     |

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

|  |  |                                    |                     |
|--|--|------------------------------------|---------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE | BY: (STAFF'S SIGNATURE) <i>Ch. 12 Howard</i> | INVESTIGATOR'S SIGNATURE <i>na</i> | DATE <i>10/9/07</i> |
|  |  | TIME 1145                          | DATE 10/9/07        |

STATE OF CALIFORNIA  
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 2

|                       |                           |                           |                     |                          |
|-----------------------|---------------------------|---------------------------|---------------------|--------------------------|
| CDC NUMBER<br>P-20045 | INMATE'S NAME<br>BLOODSAW | LOG NUMBER<br>E07-10-0003 | INSTITUTION<br>PBSP | TODAY'S DATE<br>10/12/07 |
|-----------------------|---------------------------|---------------------------|---------------------|--------------------------|

|                                       |  |  |   |                                      |                                |
|---------------------------------------|--|--|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: | <input type="checkbox"/> CDC 115 CIRCUMSTANCES | <input checked="" type="checkbox"/> HEARING | <input type="checkbox"/> I.E. REPORT | <input type="checkbox"/> OTHER |
|---------------------------------------|--|--|---|--------------------------------------|--------------------------------|

**Hearing:** On 10/12/07 at approximately 0946 hours, BLOODSAW was given the opportunity to attend this disciplinary hearing. BLOODSAW declined. When informed by staff that he needed to sign a CDC 128-B confirming that he had refused to attend, BLOODSAW refused to sign. At this institution, force will not be used to coerce attendance at a hearing. For this reason, his refusal to attend was accepted and the hearing was held in his absence. A CDC 128-B with the signature of two staff witnesses (C/O J. CRON and C/O B. PRICE) to his refusal was completed.

**District Attorney:** This has not been referred for criminal prosecution.

**Due Process:** The behavior of this inmate was evaluated at the time that the Reviewing Supervisor reviewed this disciplinary report. The Reviewing Supervisor concluded that a mental health assessment was not required. The SHO concurs. There is no compelling need for a mental health assessment based upon the circumstances given in this report.

The disciplinary was served on the inmate within 15 days of discovery and the hearing was held within 30 days of service. The inmate received his copies of all documents more than 24 hours in advance of the hearing. There are no due process issues.

**Staff Assistant:** BLOODSAW was assigned a Staff Assistant as BLOODSAW is illiterate (reading score of 4.0 or less). The assigned SA, B. PRICE, was present at the hearing and confirmed that he interviewed BLOODSAW more than 24 hours in advance. PRICE confirmed that he had explained hearing procedures, disciplinary charges, the evidence supporting these charges and the right to request confidentiality.

**Investigative Employee:** BLOODSAW has no apparent interest in an investigation on his behalf. The issues are not complex and available information is sufficient. I.E. assignment is unnecessary.

**Witnesses:** No witnesses were called to this hearing. None were listed on the CDC 115-A as requested by the inmate and the SHO did not require any additional testimony.

**Video/photo evidence:** Videotape evidence was not an issue for this hearing.

As BLOODSAW did not attend the hearing, a plea was not entered and he did not present any testimony in his own defense. The hearing was decided based upon the following written evidence: CDC 115 of 10/03/07.

**Finding:** Guilty of the Div. F-3 (CCR 3315 (a)(3)(J)) offense REFUSAL TO OBEY ORDERS. This offense requires evidence that the inmate was given a direct order by a staff member and the inmate refused to comply with this order. This finding is based upon the following preponderance of evidence:

A. The testimony of OFFICER HARLOW in the disciplinary report of 10/03/07 wherein HARLOW testifies that BLOODSAW was ordered to double cell with another inmate and refused stating "I aint taking no cellie, fuck you, bitch."

**Disposition:** Assessed 30 day credit forfeiture for this Div. F offense. With this notice, BLOODSAW is informed that his credit restoration period began 10/04/07 and this restoration period is a minimum of three months (if within 60 days of scheduled release, the minimum is reduced to one month). If he is found guilty of any administrative or serious CDC-115 issued during this credit restoration period, he forfeits his eligibility for restoration. If he completes this restoration period disciplinary free, he may request a classification review. Classification will make the final determination whether he is eligible for restoration or request an additional period of disciplinary free conduct. With this notice, BLOODSAW is referred to CCR §3084.1 for information on appeal procedures.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| SIGNATURE OF WRITER<br>G. A. KELLEY    |  | TITLE<br>Correctional Lieutenant              |  | DATE NOTICE SIGNED<br>10/12/07            |  |
| COPY OF CDC-115-C GIVEN TO INMATE<br>✓ |  | GIVEN BY: (STAFF'S SIGNATURE)<br>C/O B. PRICE |  | DATE SIGNED: TIME SIGNED:<br>11/1/07 1102 |  |

STATE OF CALIFORNIA  
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

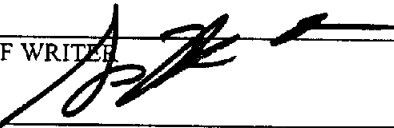

PAGE 2 OF 2

|                       |                           |                           |                     |                          |
|-----------------------|---------------------------|---------------------------|---------------------|--------------------------|
| CDC NUMBER<br>P-20045 | INMATE'S NAME<br>BLOODSAW | LOG NUMBER<br>E07-10-0003 | INSTITUTION<br>PBSP | TODAY'S DATE<br>10/12/07 |
|-----------------------|---------------------------|---------------------------|---------------------|--------------------------|

|                                       |  |  |   |                                      |                                |
|---------------------------------------|--|--|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: | <input type="checkbox"/> CDC 115 CIRCUMSTANCES | <input checked="" type="checkbox"/> HEARING | <input type="checkbox"/> I.E. REPORT | <input type="checkbox"/> OTHER |
|---------------------------------------|--|--|---|--------------------------------------|--------------------------------|

**Additional penalties:** Per CCR 3090(d), canteen privileges may be restricted for an offense including intentional or negligent misuse, destruction or damage of state property. Restriction of canteen privileges means canteen draw slips will not be accepted during this period of restriction. Any canteen draw slips submitted by this inmate during this period will be returned without action. The inmate will be allowed to keep any canteen received or ordered prior to this restriction. This offense involved the intentional or negligent misuse, damage or destruction of state property as follows: Misuse of a state prison cell property. Specifically, by BLOODSAW willfully refusing to allow another compatible inmate to be housed in the available bed within his assigned cell, BLOODSAW is misusing state prison housing which is costing the state taxpayers hundreds of dollars daily in overcrowding housing of state prisoners and overtime pay for state employees. Effective the date of this hearing through 01/10/08, canteen privileges are restricted for BLOODSAW for a total of 90 days.

**Copies:** Inmate trust office; Canteen, Program Lieutenant

|  |  |   |  |                                |                      |
|--|--|---|--|--------------------------------|----------------------|
| SIGNATURE OF WRITER<br>G. A. KELLEY   |  | TITLE<br>Correctional Lieutenant              |  | DATE NOTICE SIGNED<br>10/12/07 |                      |
| COPY OF CDC-115-C GIVEN TO INMATE<br> |  | GIVEN BY: (STAFF'S SIGNATURE)<br>cho D Harlow |  | DATE SIGNED:<br>11/1/07        | TIME SIGNED:<br>1100 |



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
CDC-128 B (8-87)

AME and NUMBER BLOODSAW

P-20045

CELL: ASU-E-01L

er CCR 3090(d), canteen privileges may be restricted for an offense including intentional or negligent misuse, destruction or amage of state property. Restriction of canteen privileges means canteen draw slips submitted by this inmate will be returned without action. The inmate will be allowed to keep any canteen received or ordered prior to this restriction. On 10/12/07, this inmate was found guilty of a disciplinary offense (log number E07-10-0003) involving the intentional or negligent misuse, damage or destruction of state property. Effective the date of this hearing, canteen privileges are restricted for 90 days through 01/10/08.



G. A. KELLEY  
Correctional Lieutenant  
PBSP

RIG : C-File  
: INMATE

ATE 10/12/07

PBSP

GENERAL CHRONO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
CDC-128 B (8-87)

**AME AND NUMBER**

**CELL**

RIG : C-File  
:

**ate**

PBSP

**GENERAL CHRONO**

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
CDC-128 B (8-87)

**AME AND NUMBER**

**CELL**

RIG : C-File  
:

**ate**

PBSP

**GENERAL CHRONO**

DA# 07040144

Agency: PBSP

SPACE BELOW FOR USE OF COURT CLERK ONLY

DISTRICT ATTORNEY  
County of Del Norte  
450 H Street #171  
Crescent City, California  
Phone (707) 464-7210

SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE  
DEL NORTE JUDICIAL DISTRICT

THE PEOPLE OF THE STATE OF CALIFORNIA

Plaintiffs,

vs.

THEOPRIC BLOODSAW, P-20045

Defendant.

COMPLAINT

Att: ~~ALBERT~~  
ALEXANDER

COURT DATE  
6-14-07

The DISTRICT ATTORNEY of the County of Del Norte, State of California, hereby charges the DEFENDANT with having committed, in the County of Del Norte, the crime of:

COUNT 1.

BATTERY ON CORRECTIONAL OFFICER, in violation of Section 4501.5 of the Penal Code, a felony.

On or about April 12, 2007, the Defendant did willfully and unlawfully being a person confined in a state prison of this state, commit a battery upon the person of Correctional Officer J. Thom, an individual who is not himself a person confined therein. (Kicked in Knee)

COUNT 2.

RESISTING EXECUTIVE OFFICER, in violation of Section 69 of the Penal Code, a FELONY.

On or about April 12, 2007, the Defendant did willfully, unlawfully and knowingly resist executive officers, to-wit: Correctional Officers J. Thom and T. Holmes, in the performance of their duty by the use of force and violence.

0519

166 167 15  
79  
178 14  
20

SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 17th day of September, 1997, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Possession of a Controlled Substance, a felony, in violation of section 11350(a) of the Health and Safety Code, case number YA034031, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

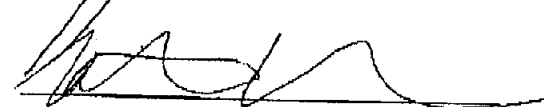
SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 4th day of April, 2003, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Assault on a Peace Officer, a felony, in violation of section 245(c) of the Penal Code, case number YA053506, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

SPECIAL ALLEGATION, within the meaning of Penal Code sections 1170.12 and 667(b) through 667(i) inclusive.

It is further alleged that said defendant was convicted on the 4th day of April, 2003, of Criminal Threats, in violation of section 422 of the Penal Code, in Los Angeles County, State of California, within the meaning of Penal Code sections 1170.12 and 667(b) to 667(i) inclusive.

I so swear, under penalty of perjury, on May 25, 2007, at Crescent City, California, that the foregoing is true and correct on information and belief.



Katherine Micks, DEPUTY DISTRICT ATTORNEY

168  
80 21  
20

MICHAEL D. RIESE  
DISTRICT ATTORNEY  
Courthouse - 450 H Street  
Crescent City, CA 95531  
Telephone: (707) 464-7210

FILED  
MAY 30 2007  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF DEL NORTE

SUPERIOR COURT, OF CALIFORNIA  
COUNTY OF DEL NORTE

PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff,

CASE NUMBER:  
CRP007-5089  
ORDER FOR TRANSPORT  
VIDEO

vs.

THEOPRIC BLOODSAW, P-20045  
Defendant.

COURT DATE: May 31, 2007  
TIME: 8:00 a.m.

TO THE WARDEN OF PELICAN BAY STATE PRISON:

IT IS HEREBY ORDERED that Theopric Bloodsaw, P-20045, be produced in the Superior court for prosecution or examination for an offense triable in the Superior court, and that Pelican Bay State Prison is to transport said person to the Video Arraignment Room located at Pelican Bay State Prison, on May 31, 2007 at 8:00 a.m., for arraignment or other proceedings.

IT IS FURTHER ORDERED that said inmate continue to be transported for appearances at the Del Norte County courthouse, Crescent City, Calif. until the conclusion of his case.

DATED: MAY 30 2007

  
JUDGE OF THE SUPERIOR COURT  
WILLIAM H FOLLETT

DEPARTMENT OF CORRECTIONS AND REHABILITATION

|                      |   |  |   |
|----------------------|---|--|---|
| PAGE 1 OF 5          | INCIDENT LOG NUMBER<br>PBP-B08-07-04-0144 | INCIDENT DATE<br>April 12, 2007  | INCIDENT TIME<br>1855 hours   |
| INCIDENT SITE<br>B-8 | LOCATION<br>Rotunda                       | <input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU<br><input type="checkbox"/> SNY <input type="checkbox"/> PHU <input type="checkbox"/> CTC<br><input checked="" type="checkbox"/> GP <input type="checkbox"/> RC | SEG YARD<br><input type="checkbox"/> ASU <input type="checkbox"/> WA<br><input type="checkbox"/> RM |
|                      |   |  | USE OF FORCE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                 |

**SPECIFIC CRIME / INCIDENT**

BATTERY ON A PEACE OFFICER

☒ CCR    ☐ PC    ☐ N/A

NUMBER/SUBSECTION: 3005 (c)

D.A REFERRAL ELIGIBLE  
☒ YES ☐ NO

CRISIS RESPONSE TEAM ACTIVATED  
☐ YES ☒ NO

MUTUAL AID REQUESTED  
☐ YES ☒ NO

|   |
|---|
| PIO/AA NOTIFIED   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)

| DEATH                                    |  | CAUSE OF DEATH                                      |  | ASSAULT / BATTERY                                  |   | TYPE OF ASSAULT / BATTERY |                              |
|--|--|---|--|--|---|---------------------------|------------------------------|
| <input type="checkbox"/> INMATE          | <input type="checkbox"/> ACCIDENTAL  | <input type="checkbox"/> NATURAL                    | <input type="checkbox"/> ON INMATE           | <input checked="" type="checkbox"/> BEATING        | <input type="checkbox"/> SPEARING       |                           |                              |
| <input type="checkbox"/> STAFF           | <input type="checkbox"/> EXECUTION   | <input type="checkbox"/> UNKNOWN                    | <input checked="" type="checkbox"/> ON STAFF | <input type="checkbox"/> GASSING                   | <input type="checkbox"/> STABBING       |                           |                              |
| <input type="checkbox"/> VISITOR         | <input type="checkbox"/> HOMICIDE  |   | <input type="checkbox"/> ON VISITOR          | <input type="checkbox"/> POISONING                 | <input type="checkbox"/> STRANGLING     |                           |                              |
| <input type="checkbox"/> OTHER           | <input type="checkbox"/> SUICIDE   |   | <input type="checkbox"/> OTHER: _____        | <input type="checkbox"/> SEXUAL                    | <input type="checkbox"/> OTHER: _____   |                           |                              |
| <input type="checkbox"/> OVERDOSE        |  |   | <input type="checkbox"/> N/A                 | <input type="checkbox"/> SHOOTING                  | <input type="checkbox"/> N/A            |                           |                              |
| <input checked="" type="checkbox"/> N/A  | <input checked="" type="checkbox"/> N/A  |   |  | <input type="checkbox"/> SLASHING                  |   |                           |                              |
| SERIOUS INJURY                           |  | INMATE WEAPONS                                      |  | SHOTS FIRED / TYPE WEAPON / FORCE                  |   |                           |                              |
| <input type="checkbox"/> INMATE          | <input type="checkbox"/> CHEMICAL SUBSTANCE                                      | TYPE:   | <input type="checkbox"/> COMMERCIAL WEAPON   | WEAPON:  | WARNING#                                | EFFECT #                  | TYPE: NO:                    |
| <input type="checkbox"/> STAFF           | <input type="checkbox"/> CLUB / BLUDGEON   |   |  | <input type="checkbox"/> MINI 14                   | _____                                   | _____                     | BATON ROUND                  |
| <input type="checkbox"/> VISITOR         | <input type="checkbox"/> EXPLOSIVE   |   |  | <input type="checkbox"/> 38 CAL.                   | _____                                   | _____                     | WOOD                         |
| <input type="checkbox"/> OTHER           | <input type="checkbox"/> FIREARM   | <input type="checkbox"/> INMATE MANUFACTURED WEAPON |  | <input type="checkbox"/> 9MM                       | _____                                   | _____                     | RUBBER                       |
|  | <input checked="" type="checkbox"/> HANDS / FEET                                 |   |  | <input type="checkbox"/> SHOTGUN                   | _____                                   | _____                     | FOAM                         |
|  | <input type="checkbox"/> KNIFE   |   |  | LAUNCHER:  |   |                           | STINGER:                     |
| <input checked="" type="checkbox"/> N/A  | <input type="checkbox"/> SAP/SLUNG SHOT  |   |  | <input type="checkbox"/> 37MM                      | _____                                   | _____                     | .32 (A)                      |
|  | <input type="checkbox"/> PROJECTILE  |   |  | <input type="checkbox"/> L8                        | _____                                   | _____                     | .60 (B)                      |
| ESCAPES                                  | <input type="checkbox"/> SPEAR   |   |  | <input type="checkbox"/> 40 MM                     | _____                                   | _____                     | EXACTIMPACT                  |
| <input type="checkbox"/> W / FORCE       | <input type="checkbox"/> SLASHING INSTRUMENT: (TYPE) _____                       |   |  | <input type="checkbox"/> 40 MM MULTI               | _____                                   | _____                     | CTS 4557                     |
| <input type="checkbox"/> W/O FORCE       | <input type="checkbox"/> STABBING INSTRUMENT: (TYPE) _____                       |   |  | <input type="checkbox"/> HFWRS                     | _____                                   | _____                     | XM 1006                      |
| <input type="checkbox"/> ATTEMPTED       | <input type="checkbox"/> OTHER: _____  |   |  | FORCE:   |   |                           | CHEMICAL:                    |
| <input checked="" type="checkbox"/> N/A  | <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID _____ |   |  | <input type="checkbox"/> EXPANDABLE BATON          |   |                           | <input type="checkbox"/> OC  |
|  | <input type="checkbox"/> UNKNOWN LIQUID  |   |  | <input checked="" type="checkbox"/> PHYSICAL FORCE |   |                           | <input type="checkbox"/> CN  |
|  | <input type="checkbox"/> N/A   |   |  | <input type="checkbox"/> X10                       |   |                           | <input type="checkbox"/> CS  |
|  |  |   |  | <input type="checkbox"/> OTHER: _____              |   |                           | <input type="checkbox"/> N/A |
| CONTROLLED SUBSTANCE                     |  | WEIGHT  |  | PROGRAM STATUS                                     |   | EXCEPTIONAL ACTIVITY      |                              |
| <input type="checkbox"/> POSITIVE UA     | <input type="checkbox"/> WITH PACKAGING  | <input type="checkbox"/> MODIFIED PROGRAM           |  | <input type="checkbox"/> EMPLOYEE JOB ACTION       | <input type="checkbox"/> WEATHER        |                           |                              |
| <input type="checkbox"/> CONTROLLED MEDS | <input type="checkbox"/> WITHOUT PACKAGING                                       | <input type="checkbox"/> LOCKDOWN                   |  | <input type="checkbox"/> ENVIRONMENTAL HAZARD      | <input type="checkbox"/> SEARCH WARRANT |                           |                              |
|  | PRELIMINARY LAB  | <input type="checkbox"/> STATE OF EMERGENCY         |  | <input type="checkbox"/> EXPLOSION                 | <input type="checkbox"/> ARREST         |                           |                              |
| <input type="checkbox"/> AMPHETAMINE     | _____  | IF YES, LIST AFFECTED PROGRAMS                      |  | <input type="checkbox"/> FIRE                      | <input type="checkbox"/> OTHER: _____   |                           |                              |
| <input type="checkbox"/> BARBITUATES     | _____  |   |  | <input type="checkbox"/> GANG/DISRUPTIVE GROUP     |   |                           |                              |
| <input type="checkbox"/> COCAINE         | _____  |   |  | <input type="checkbox"/> HOSTAGE                   |   |                           |                              |
| <input type="checkbox"/> CODEINE         | _____  |   |  | <input type="checkbox"/> INMATE STRIKE             | EXTRACTION:                             |                           |                              |
| <input type="checkbox"/> HEROIN          | _____  |   |  | <input type="checkbox"/> MAJOR DISTURBANCE         | <input type="checkbox"/> CONTROLLED     |                           |                              |
| <input type="checkbox"/> MARIJUANA/THC   | _____  |   |  | <input type="checkbox"/> MAJOR POWER OUTAGE        | <input type="checkbox"/> IMMEDIATE      |                           |                              |
| <input type="checkbox"/> METHAMPHETAMINE | _____  |   |  | <input type="checkbox"/> NATURAL DISASTER          |   |                           |                              |
| <input type="checkbox"/> MORPHINE        | _____  |   |  | <input type="checkbox"/> PUBLIC DEMONSTRATION      |   |                           |                              |
| <input type="checkbox"/> OTHER: _____    | _____  | <input checked="" type="checkbox"/> N/A             |  | <input type="checkbox"/> SPECIAL INTEREST /IM      | <input checked="" type="checkbox"/> N/A |                           |                              |
| <input checked="" type="checkbox"/> N/A  |  |   |  |  |   |                           |                              |

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):


On Thursday, April 12, 2007 at approximately 1855 hours, Inmate BLOODSAW, P-20045, B8-101L, battered staff by attempting to break escort and resisting staff, necessitating the use of physical force to gain compliance. While staff was attempting to restrain BLOODSAW, BLOODSAW kicked Officer J. Thom in the right knee.

**SUSPECTS:** BLOODSAW, P-20045, B8-101L

**VICTIMS:** Officer J. Thom, Officer T. Holmes

COMPLETE SYNOPSIS / SUMMARY ON PART A1

Reviewed By: Facility Captain M. Foss

|   |                     |                                    |                    |
|---|---------------------|------------------------------------|--------------------|
| COMPLETE SYNOPSIS / SUMMARY ON PART A1  |                     | Reviewed By: Facility Captain      |                    |
| NAME OF REPORTING STAFF (PRINT/TYPE)<br>R. Tupy   | TITLE<br>Lieutenant | ID #<br>N/A                        | BADGE #<br>55479   |
| SIGNATURE OF REPORTING STAFF<br> |                     | PHONE EXT. (INCIDENT SITE)<br>7953 | DATE<br>04/12/2007 |
| NAME OF WARDEN / AOD (PRINT/SIGN)<br>J. M. H. H. H.   |                     | TITLE<br>Warden                    | DATE               |

STATE OF CALIFORNIA  
PART A1 - SUPPLEMENT  
CDCR 837 - A1 (07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE

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OF

5

INCIDENT LOG NUMBER  
PBP-B08-07-04-0144

INSTITUTION

Pelican Bay State Prison

FACILITY

B

INCIDENT DATE

April 12, 2007

INCIDENT TIME

1855 hours

TYPE OF INFORMATION

☒ SYNOPSIS/SUMMARY OF INCIDENT☐ SUPPLEMENTAL INFORMATION☐ AMENDED INFORMATION☐ CLOSURE REPORT

NARRATIVE:

BLOODSAW was in the B8 Officer's station getting his legal mail when he became verbally abusive to staff. B8 Floor staff ordered BLOODSAW to return to his cell. As BLOODSAW was being escorted back to his cell, he turned and assumed a bladed stance. Officer Thom ordered BLOODSAW to get down, BLOODSAW refused and lunged towards Officer Thom. Officer Thom and Officer Holmes utilized physical force to get BLOODSAW into the prone position on the ground. During this time, BLOODSAW kicked Officer THOM in the right knee.

**ESCORTS:** Officers C. Chapman and T. Wadsworth escorted BLOODSAW from B8 to the B Facility Hobby Shop Holding Cell #1.

**MENTAL HEALTH DELIVERY SYSTEM CLASSIFICATION:** Inmate BLOODSAW was not a participant in the Mental Health Delivery System at the time of this incident.

**MEDICAL REPORTS/INJURIES TO STAFF:** MTA J. Keys medically evaluated Officer J. Thom and prepared a CDC 7219 noting the following: pain in the right knee, an abrasion/scratch to the left wrist and right thumb. MTA Keys medically evaluated Officer T. Holmes and noted the following: a swollen right ring finger.

**MEDICAL REPORTS/INJURIES TO INMATES:** MTA Keys medically evaluated BLOODSAW and prepared a CDC 7219 noting the following: Dried blood on the left nostril and lower lip, pain in the neck and left knee.

**CRIME SCENE/EVIDENCE:** A crime scene was not established and no evidence was collected from this incident.

**USE OF FORCE:** Officers J. Thom, T. Holmes and L. Northrup utilized physical force to gain control of BLOODSAW.

**STATUS OF VIDEOTAPED INTERVIEW:** BLOODSAW was offered a video interview due to the injury to his lip. A video interview will be conducted on April 13, 2007.

**CONCLUSION:** Inmate BLOODSAW will be charged under the California Code of Regulations (CCR), Title 15, Section 3005 (c), specifically BATTERY ON A PEACE OFFICER. This case has been referred to the Del Norte County District Attorneys Office for possible felony prosecution.

**NOTIFICATIONS:** The Administrative Officer of the Day, Associate Warden M. Cook was notified of this incident through the Watch Commander's Office. The Warden and all appropriate administrative staff were notified of this incident through the Watch Commander's Office. CCPOA Chapter President R. Newton was notified of this incident through the Watch Commander's Office. You will be notified of any changes, should they occur, through supplemental reports.

**OVERTIME:** There was no overtime incurred as a result of this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

Reviewed By: Facility Captain M. Foss

NAME OF REPORTING STAFF (PRINT/TYPE)

R. Tupy

TITLE

Lieutenant

ID #

N/A

BADGE #

55479

SIGNATURE OF REPORTING STAFF

PHONE EXT. (INCIDENT SITE)

7953

DATE

04/12/2007

NAME OF WARDEN / AOD (PRINT/SIGN)

TITLE

Warden

DATE

Incident number: PBP-B08-07-04-0144

Inmates charged with a disciplinary offense related to this incident will not receive a copy of the CDC 837-B as part of the evidence for their disciplinary hearing.

Per the memorandum of June 11, 1998 CLARIFICATION OF REQUIRED REPORTS FOR CALIFORNIA DEPARTMENT OF CORRECTIONS FORM 115, RULE VIOLATION REPORT HEARINGS, it is not required that the inmate receive a copy of the 837-B as part of his prehearing documents. A list of the participants may be substituted. This is the list of participants authorized by that memorandum.

BLOODSAW

P-20045

TUPY, R.

Correctional Lieutenant

PEPIOT, A.

Correctional Sergeant

CHAPMAN, C.

Correctional Officer

HOLMES, T.

Correctional Officer

NORTHROP, L.

Correctional Officer

SILVA, J.

Correctional Officer

THOM, J.

Correctional Officer

WADSWORTH, T.

Correctional Officer

KEYS, J.

MTA



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## CRIME / INCIDENT REPORT

## PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 1

INCIDENT LOG NUMBER  
PBP-B08-07-04-0144

|                      |  |   |                           |          |   |                             |
|----------------------|--|---|---------------------------|----------|---|-----------------------------|
| NAME: LAST<br>Pepiot |  | FIRST<br>A.   |                           | MI<br>L. | INCIDENT DATE<br>4-12-07                                    | INCIDENT TIME<br>1855 Hours |
| POST #<br>370376     | POSITION<br>Facility B Program<br>Sergeant | YEARS OF SERVICE<br>5 Years 06 Months                       | DATE OF REPORT<br>4-12-07 |          | LOCATION OF INCIDENT<br>B 8 Rotunda                         |                             |
| RDO's<br>F/S         | DUTY HOURS<br>1400-2200                    | DESCRIPTION OF CRIME / INCIDENT<br>Battery on Peace Officer |                           |          | CCR SECTION / RULE<br>3005 (c) <input type="checkbox"/> N/A |                             |

| YOUR ROLE   | WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) |                 | INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) |         |
|---|---|-----------------|---|---------|
| <input type="checkbox"/> PRIMARY<br><input checked="" type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM<br><input type="checkbox"/> CAMERA | (s) C/O J. Thom                                 | (s) MTA J. Keys | (s) BLOODSAW P-20045                                      | B8-101L |
|   | (s) C/O T. Holmes                               |                 |   |         |
|   | (s) C/O L. Northrup                             |                 |   |         |
|   | (s) C/O C. Chapman                              |                 |   |         |
|   | (s) C/O T. Wadsworth                            |                 |   |         |

| FORCE USED BY YOU   | WEAPONS AND SHOTS FIRED BY YOU          |                                   |              | CHEMICAL AGENTS USED BY YOU             |
|---|---|-----------------------------------|--------------|---|
| <input type="checkbox"/> WEAPON<br><input type="checkbox"/> PHYSICAL<br><input type="checkbox"/> CHEMICAL<br><input checked="" type="checkbox"/> NONE | <u>NO:</u>                              | <u>NO:</u>                        | <u>TYPE:</u> | <u>TYPE:</u>                            |
|   | <input type="checkbox"/> MINI-14        | <input type="checkbox"/> 37 MM    |              | <input type="checkbox"/> OC             |
|   | <input type="checkbox"/> 9 MM           | <input type="checkbox"/> 40 MM    |              | <input type="checkbox"/> CN             |
|   | <input type="checkbox"/> 38 CAL         | <input type="checkbox"/> LB       |              | <input type="checkbox"/> CS             |
|   | <input type="checkbox"/> SHOTGUN        | <input type="checkbox"/> 40 MULTI |              | <input type="checkbox"/> OTHER:         |
| FORCE OBSERVED<br>BY YOU  |   | <input type="checkbox"/> HFWRs    |              | <input checked="" type="checkbox"/> N/A |
| <input type="checkbox"/> WEAPON<br><input type="checkbox"/> PHYSICAL<br><input type="checkbox"/> CHEMICAL<br><input checked="" type="checkbox"/> NONE | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> BATON    |              |   |

| EVIDENCE COLLECTED<br>BY YOU   | EVIDENCE DESCRIPTION                    | EVIDENCE DISPOSITION                    | BIO<br>HAZARD   | PPE  |
|--|---|---|---|--|
| <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO                                | <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO |
| REPORTING<br>STAFF INJURED   | DESCRIPTION OF INJURY                   | LOCATION TREATED<br>(HOSPITAL / CLINIC) | FLUID EXPOSURE  | SCIF 3301 / 3067<br>COMPLETED  |
| <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> BODILY<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> OTHER | <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO |

## NARRATIVE:

On Thursday, April 12, 2007, while assigned as the "B" Facility program Sergeant, I responded to an alarm in building B-8, at approximately 1855 hours. I arrived to find an inmate and three officers on the floor in the rotunda. The inmate later identified as BLOODSAW P-20045, housed in B-8 cell 101L was in a prone position being held down by Correctional officers J. Thom, T. Holmes and L. Northrup. C/O Thom was on BLOODSAW'S right side, C/O Holmes was on BLOODSAW'S left side and C/O Northrup was holding BLOODSAW'S legs. C/O C. Chapman placed leg irons on BLOODSAW'S legs. Thom and Holmes helped BLOODSAW to his feet where C/O's Chapman and Wadsworth then took over the escort. BLOODSAW was then escorted to the B yard hobby shop and placed in holding cell number (1) one. Medical Technical Assistant J. Keys then performed a 7219 medical report on BLOODSAW. BLOODSAW was then taken to the (CTC) Correctional Treatment Center for further evaluation and released back to the yard to be re-housed. BLOODSAW was re-housed into B-7 cell 127L and CTQ'D Confined to Quarters pending placement into Administrative Segregation.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

|  |                    |  |  |
|--|--------------------|--|--|
| SIGNATURE OF REPORTING STAFF<br>A. Pepiot      | TITLE<br>Sergeant. | BADGE #<br>64308   | DATE<br>4-12-07  |
| NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) | DATE RECEIVED      | APPROVED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## CRIME / INCIDENT REPORT

## PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE

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OF

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INCIDENT LOG NUMBER  
PBP-B08-07-04-0144

|   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
|---|-----------------------------------|--|----------------------------|--|---|---|-------|----------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--|---------------------------------|-----------------------------|--|----------------------------------|-----------------------------------|--|--|-------------------------------|--|--|--------------------------------|--|---|--|-------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|---|
| NAME: LAST<br>HOLMES  |                                   | FIRST<br>T.  |                            | MI<br>R.   | INCIDENT DATE<br>04/12/07                                   | INCIDENT TIME<br>1855   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| POST #<br>371628  | POSITION<br>B8 FLOOR OFFICER      | YEARS OF SERVICE<br>4 Years 5 Months   | DATE OF REPORT<br>04/12/07 |  | LOCATION OF INCIDENT<br>B8 ROTUNDA                          |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| RDO's<br>S/S  | DUTY HOURS<br>1400-2200           | DESCRIPTION OF CRIME / INCIDENT<br>BATTERY ON A PEACE OFFICER  |                            |  | CCR SECTION / RULE<br>3005 (c) <input type="checkbox"/> N/A |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| YOUR ROLE   |                                   | WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)  |                            | INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)    |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> PRIMARY<br><input checked="" type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM<br><input type="checkbox"/> CAMERA |                                   | (S) C/O J. THOM<br>(S) C/O L. NORTHRUP<br>(S) C/O C. CHAPMAN<br>(S) SGT. A. PEPIOT   |                            | (S) C/O<br>T. WADSWORTH<br>(S) C/O J. SILVA                  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| FORCE USED BY YOU   |                                   | WEAPONS AND SHOTS FIRED BY YOU   |                            |  | CHEMICAL AGENTS USED BY YOU                                 |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> WEAPON<br><input checked="" type="checkbox"/> PHYSICAL<br><input type="checkbox"/> CHEMICAL<br><input type="checkbox"/> NONE                                       |                                   | <table border="0"> <tr> <td>NO:</td> <td>NO:</td> <td>TYPE:</td> </tr> <tr> <td><input type="checkbox"/> MINI-14</td> <td><input type="checkbox"/> 37 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9 MM</td> <td><input type="checkbox"/> 40 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 38 CAL</td> <td><input type="checkbox"/> LB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SHOTGUN</td> <td><input type="checkbox"/> 40 MULTI</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> HFWS</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BATON</td> <td></td> </tr> </table> |                            |  | NO:   | NO:   | TYPE: | <input type="checkbox"/> MINI-14 | <input type="checkbox"/> 37 MM |  | <input type="checkbox"/> 9 MM | <input type="checkbox"/> 40 MM |  | <input type="checkbox"/> 38 CAL | <input type="checkbox"/> LB |  | <input type="checkbox"/> SHOTGUN | <input type="checkbox"/> 40 MULTI |  |  | <input type="checkbox"/> HFWS |  |  | <input type="checkbox"/> BATON |  | <table border="0"> <tr> <td>TYPE:</td> </tr> <tr> <td><input type="checkbox"/> OC</td> </tr> <tr> <td><input type="checkbox"/> CN</td> </tr> <tr> <td><input type="checkbox"/> CS</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table> |  | TYPE: | <input type="checkbox"/> OC | <input type="checkbox"/> CN | <input type="checkbox"/> CS | <input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> N/A |
| NO:   | NO:                               | TYPE:  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> MINI-14  | <input type="checkbox"/> 37 MM    |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> 9 MM   | <input type="checkbox"/> 40 MM    |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> 38 CAL   | <input type="checkbox"/> LB       |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> SHOTGUN  | <input type="checkbox"/> 40 MULTI |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
|   | <input type="checkbox"/> HFWS     |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
|   | <input type="checkbox"/> BATON    |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| TYPE:   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> OC   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> CN   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> CS   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> OTHER:   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input checked="" type="checkbox"/> N/A   |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| FORCE OBSERVED<br>BY YOU  |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> WEAPON<br><input checked="" type="checkbox"/> PHYSICAL<br><input type="checkbox"/> CHEMICAL<br><input type="checkbox"/> NONE                                       |                                   |  |                            |  |   |   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| EVIDENCE COLLECTED<br>BY YOU  |                                   | EVIDENCE DESCRIPTION   |                            | EVIDENCE DISPOSITION   |   | BIO<br>HAZARD   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO  |                                   | <input checked="" type="checkbox"/> N/A  |                            | <input checked="" type="checkbox"/> N/A                      |   | <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO                                      |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| REPORTING<br>STAFF INJURED  |                                   | DESCRIPTION OF INJURY  |                            | LOCATION TREATED<br>(HOSPITAL / CLINIC)                      |   | FLUID EXPOSURE  |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
| <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO  |                                   | SPRAINED RIGHT RING FINGER<br><input type="checkbox"/> N/A   |                            | B-FACILITY MEDICAL<br>CLINIC<br><input type="checkbox"/> N/A |   | <input type="checkbox"/> BODILY<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> OTHER _____ |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
|   |                                   |  |                            |  |   | <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO      |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
|   |                                   |  |                            |  |   | SCIF 3301 / 3067<br>COMPLETED   |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |
|   |                                   |  |                            |  |   | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO                                      |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                               |  |  |                                |  |   |  |       |                             |                             |                             |                                 |   |

## NARRATIVE:

ON THURSDAY, 4/12/07 AT APPROXIMATELY 1855 HOURS, WHILE CONDUCTING LEGAL MAIL ISSUE IN THE B8 FLOOR OFFICERS STATION, I ASKED CONTROL BOOTH OFFICER J. SILVA TO HAVE INMATE (I/M) BLOODSAW (P20045, B8-101L) REPORT TO THE OFFICE TO RECEIVE HIS LEGAL MAIL. I/M BLOODSAW REPORTED TO THE OFFICE AND APPEARED TO BE AGGITATED. I TOLD BLOODSAW TO SIGN FOR HIS LEGAL MAIL. BLOODSAW SAID "FUCK YOU WHITE MOTHERFUCKER. SUCK MY DICK". I/M BLOODSAW THEN SIGNED FOR HIS LEGAL MAIL. SENSING BLOODSAW'S AGGITATION, I ORDERED BLOODSAW TO RETURN TO HIS CELL. BLOODSAW BECAME VERBALLY ABUSIVE AND CONTINUED HIS VERBAL ASSAULT. CORRECTIONAL OFFICER (C/O) J. THOM SAID "YOU NEED TO TAKE IT BACK TO YOUR HOUSE" AND STOOD UP FROM HIS CHAIR INSIDE THE OFFICE. C/O J. THOM THEN BEGAN TO ESCORT BLOODSAW TOWARDS THE "A" SECTION DOOR. I THEN HEARD C/O J. THOM YELL "GET DOWN" FROM WHAT SOUNDED LIKE THE ROTUNDA AREA NEAR THE "A" SECTION DOOR. I IMMEDIATELY RESPONDED TO THE ROTUNDA NEAR THE "A" SECTION DOOR AND SAW I/M BLOODSAW STANDING IN A BLADED STANCE FACING C/O J. THOM. I SAW C/O J. THOM ATTEMPT TO GRASP BLOODSAW AROUND HIS UPPER TORSO AREA. I GRASPED BLOODSAW WITH MY LEFT HAND AROUND BLOODSAW'S LEFT

\* CHECK IF NARRATIVE IS CONTINUED ON PART C1

|  |  |                          |   |  |
|--|--|--------------------------|---|--|
| SIGNATURE OF REPORTING STAFF<br><i>J. Holmes</i>                     |  | TITLE<br>C/O             | BADGE #<br>66538  | DATE<br>4/12/07  |
| NAME AND TITLE OF REVIEWER (PRINT SIGNATURE)<br>D. Peipot SGT Report |  | DATE RECEIVED<br>4-12-07 | APPROVED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |  |                          |   | DATE   |

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## CRIME / INCIDENT REPORT

## PART C1 - SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

PAGE

2

OF

2

INCIDENT LOG NUMBER

PBP-B08-07-04-0144

NAME: LAST

FIRST

MI

## TYPE OF INFORMATION



CONTINUATION OF REPORT



ADDITIONAL INFORMATION



CLARIFICATION REQUEST

## NARRATIVE

UPPER ARM AND PLACED MY RIGHT HAND (PALM OPEN) ONTO BLOODSAW'S UPPER BACK AREA. I SAW THAT C/O J. THOM HAD POSITIONED HIMSELF NEAR MYSELF AND I/M BLOODSAW. C/O J. THOM APPEARED TO HAVE A HOLD OF BLOODSAW'S UPPER BACK AREA. USING A DOWNWARD PULLING MOTION WITH MY LEFT ARM AND STRENGTH, I PULLED BLOODSAW DOWN TO THE ROTUNDA FLOOR WITH THE HELP OF C/O J. THOM'S PULLING MOTION. AS WE BROUGHT BLOODSAW TO THE FLOOR, BLOODSAW WAS IN THE PRONE POSITION. I COULD FEEL BOTH OF BLOODSAW'S LEGS KICKING REPEATEDLY IN VERY FORCEFUL FORWARD AND BACKWARD MOTIONS AS HE WAS LAYING ON THE GROUND. I ORDERED BLOODSAW TO STOP KICKING. BLOODSAW DID NOT COMPLY WITH MY ORDERS AND CONTINUED TO KICK. I THEN RETRIEVED MY HANDCUFF RESTRAINTS AND ORDERED BLOODSAW TO "CUFF UP". BLOODSAW'S HANDS WERE POSITIONED NEAR HIS FACE AREA. BLOODSAW DID NOT COMPLY WITH MY ORDER TO CUFF UP AND USED HIS OWN STRENGTH TO MAINTAIN HIS HAND POSITIONING. I USED MY LEFT HAND TO GRAB A HOLD OF BLOODSAW'S LEFT WRIST AND USED A REAR PULLING MOTION TO GUIDE BLOODSAW'S LEFT ARM BEHIND HIS BACK. I APPLIED ONE HANDCUFF RESTRAINT TO BLOODSAW'S LEFT WRIST AND MAINTAINED CONTROL OF HIS LEFT LOWER ARM AREA WITH MY LEFT HAND. BLOODSAW WAS TRYING TO PULL HIS LEFT ARM BACK UP TOWARDS HIS FACE AREA IN A CLEAR ATTEMPT OF NON-COMPLIANCE, ALL THE WHILE STILL ATTEMPTING TO KICK. I LOOKED BACK AND SAW THAT C/O L. NORTHRUP HAD RESPONDED TO THE INCIDENT AND WAS NOW USING HIS BODY-WEIGHT TO MAINTAIN CONTROL OF BLOODSAW'S LOWER LEGS. I THEN SAW THAT C/O J. THOM HAD PULLED BLOODSAW'S RIGHT ARM BEHIND HIS BACK AND I WAS ABLE TO APPLY THE RIGHT HANDCUFF RESTRAINT ONTO BLOODSAW'S RIGHT WRIST AREA. I THEN SAW RESPONDING STAFF ARRIVING INTO THE B8 ROTUNDA AREA. I HEARD SERGEANT A. PEPIOT SAY TO TAKE BLOODSAW TO THE HOBBY SHOP. C/O J. THOM AND I STOOD BLOODSAW TO HIS FEET. C/O T. WADSWORTH AND C/O C. CHAPMAN THEN RELIEVED C/O J. THOM AND I ON THE ESCORT AND ESCORTED BLOODSAW OUT OF THE B8 ROTUNDA TOWARD THE B-YARD HOBBY SHOP. AFTER THE INCIDENT WAS COMPLETED, I REPORTED TO THE B-FACILITY MEDICAL CLINIC TO BE EVALUATED FOR AN APPARENT SPRAIN TO MY RIGHT RING FINGER, SUSTAINED AT AN UNKNOWN TIME DURING THE INCIDENT. THIS ENDS MY INVOLVEMENT IN THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

|  |                          |   |  |
|--|--------------------------|---|--|
| SIGNATURE OF REPORTING STAFF<br><i>L. Z. [Signature]</i>                           | TITLE<br>C/O             | BADGE #<br>66538  | DATE<br>4/12/07  |
| NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)<br>A. Pepiot SGT <i>[Signature]</i> | DATE RECEIVED<br>4-12-07 | APPROVED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**CRIME / INCIDENT REPORT**  
**PART C - STAFF REPORT**  
 CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP-08-07-04-0144

NAME: LAST

Northrup

FIRST

L

MI

W

INCIDENT DATE

4-12-07

INCIDENT TIME

1855

POST #

371620

POSITION

B-7 floor

YEARS OF SERVICE

4 Years 10 Months

DATE OF REPORT

4-12-07

LOCATION OF INCIDENT

B-8

RDO's

S/S

DUTY HOURS

14-2200

DESCRIPTION OF CRIME / INCIDENT

Battery on Peace Officer

CCR SECTION / RULE

3005 (C)

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

- ☐ PRIMARY  
☒ RESPONDER  
☐ WITNESS  
☐ VICTIM  
☐ CAMERA

Sgt A. Perrot (S)  
 C/O T. Holmes (S)  
 C/O J. Thom (S)  
 C/O C. Chapman (S)  
 C/O T. Wadsworth (S)

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USED BY YOU

- ☐ WEAPON  
☒ PHYSICAL  
☐ CHEMICAL  
☐ NONE

NO:

NO:

TYPE:

☐ MINI-14☐ 37 MM☐ 9 MM☐ 40 MM☐ 38 CAL☐ L8☐ SHOTGUN☐ 40 MULTI☒ N/A☐ HFWS☐ BATON

TYPE:

☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

FORCE OBSERVED BY YOU

- ☐ WEAPON  
☒ PHYSICAL  
☐ CHEMICAL  
☐ NONE

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO HAZARD

PPE

- ☐ YES  
☒ NO

☒ N/A☒ N/A

- ☐ YES  
☒ NO

- ☒ YES  
☐ NO

REPORTING STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067 COMPLETED

- ☐ YES  
☒ NO

☒ N/A☒ N/A☐ BODILY☒ N/A☐ UNKNOWN☐ OTHER:☐ YES☒ NO**NARRATIVE:**

On 4-12-07 at approximately 1855 hours, I was working as B-7 floor officer. I was in B-8 talking with Correction Officer C/O T. Holmes while he was conducting legal mail pass when inmate (Ym) Bloodsaw, P-20045 came down to the office for his legal mail. C/O Holmes and C/O J. Thom also were counseling him on his behavior earlier in the day. As the conversation progressed, Bloodsaw became increasingly louder and belligerent while arguing. He began to yell obscenities at C/O Thom stating "Suck my dick" and "fuck you". At this point C/O Holmes gave Bloodsaw a direct order to "take it back home". As Bloodsaw turned to go back to "A" section he continued

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

4-12-07

☒ YES ☐ NO☐ YES ☐ NO

29-176 28 29

187 26

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1- SUPPLEMENT

CDGR 837-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-08-07-04-0144

NAME: LAST

Northrup

FIRST

L

MI

W

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT

☐ CLARIFICATION OF REPORT

☐ ADDITIONAL INFORMATION

NARRATIVE:

to yell obscenities so % Thom followed him out the door toward "A" section to ensure he went straight back to his cell. I began talking to % Holmes, still inside the office, when I heard % Thom yell "get down". I immediately ran out of the office behind % Holmes and observed % Thom and % Bloodsaw clenching together struggling. % Holmes was in front of me and grabbed Bloodsaw's upper body area and assisted in taking Bloodsaw to the ground. While on the ground Bloodsaw continued resisting by kicking his feet up and down and back and forth. % Thom and % Holmes were struggling with Bloodsaw's upper body so I grabbed his feet in an attempt to subdue them. Bloodsaw continued to attempt to kick me so I placed my full upper body weight on his legs. I heard % Holmes order Bloodsaw to "Cuff up", "Give me your arm" and continued to struggle before placing him in handcuffs. As responding staff arrived I began yelling for someone to get me some leg irons. % C. Chapman then stepped forward and placed Bloodsaw in leg irons. I then heard Sergeant A. Pepiot say "get him up, take him to the hobby shop". % Holmes was on his left side with % Thom on his right side. They assisted Bloodsaw to his feet when % Chapman and % T. Wadsworth took over the escort. They escorted Bloodsaw out of B-8. This concludes my involvement in this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

J.W. [Signature]

TITLE

%

BADGE #

65647

DATE

4-12-07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## CRIME / INCIDENT REPORT

## PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP-B08-07-04-0144

|                           |                       |                |                                 |                              |
|---------------------------|-----------------------|----------------|---------------------------------|------------------------------|
| NAME: LAST<br><u>Thom</u> | FIRST<br><u>James</u> | MI<br><u>C</u> | INCIDENT DATE<br><u>4.12.07</u> | INCIDENT TIME<br><u>1855</u> |
|---------------------------|-----------------------|----------------|---------------------------------|------------------------------|

|                         |                                  |   |                                  |   |
|-------------------------|----------------------------------|---|----------------------------------|---|
| POST #<br><u>271630</u> | POSITION<br><u>B8 Activities</u> | YEARS OF SERVICE<br><u>15</u> Years / <u>1</u> Months | DATE OF REPORT<br><u>4.12.07</u> | LOCATION OF INCIDENT<br><u>B5 Rotunda</u> |
|-------------------------|----------------------------------|---|----------------------------------|---|

|                       |                               |  |                                       |
|-----------------------|-------------------------------|--|---------------------------------------|
| RDO's<br><u>5/5/H</u> | DUTY HOURS<br><u>0600/400</u> | DESCRIPTION OF CRIME / INCIDENT<br><u>Battery on a Peace Officer</u> | CCR SECTION / RULE<br><u>3005 (c)</u> |
|-----------------------|-------------------------------|--|---------------------------------------|

| YOUR ROLE                                   | WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) | INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) |
|---|---|--|
| <input checked="" type="checkbox"/> PRIMARY | <u>(S) T. Holmes</u>                            | <u>(S) I/m Bloodsaw P20045</u>                   |
| <input type="checkbox"/> RESPONDER          | <u>(S) C. Chapman</u>                           |  |
| <input type="checkbox"/> WITNESS            | <u>(S) T. Wadsworth</u>                         |  |
| <input type="checkbox"/> VICTIM             |   |  |
| <input type="checkbox"/> CAMERA             |   |  |

| FORCE USED BY YOU   | WEAPONS AND SHOTS FIRED BY YOU  | CHEMICAL AGENTS USED BY YOU |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
|---|---|-----------------------------|-----|-------|----------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--|---------------------------------|-----------------------------|--|----------------------------------|-----------------------------------|--|--|--------------------------------|--|--|--------------------------------|--|---|-------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|---|
| <input type="checkbox"/> WEAPON<br><input checked="" type="checkbox"/> PHYSICAL<br><input type="checkbox"/> CHEMICAL<br><input type="checkbox"/> NONE | <table border="1"> <tr> <th>NO:</th> <th>NO:</th> <th>TYPE:</th> </tr> <tr> <td><input type="checkbox"/> MINI-14</td> <td><input type="checkbox"/> 37 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9 MM</td> <td><input type="checkbox"/> 40 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 38 CAL</td> <td><input type="checkbox"/> LB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SHOTGUN</td> <td><input type="checkbox"/> 40 MULTI</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> HFWRs</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BATON</td> <td></td> </tr> </table> | NO:                         | NO: | TYPE: | <input type="checkbox"/> MINI-14 | <input type="checkbox"/> 37 MM |  | <input type="checkbox"/> 9 MM | <input type="checkbox"/> 40 MM |  | <input type="checkbox"/> 38 CAL | <input type="checkbox"/> LB |  | <input type="checkbox"/> SHOTGUN | <input type="checkbox"/> 40 MULTI |  |  | <input type="checkbox"/> HFWRs |  |  | <input type="checkbox"/> BATON |  | <table border="1"> <tr> <th>TYPE:</th> </tr> <tr> <td><input type="checkbox"/> OC</td> </tr> <tr> <td><input type="checkbox"/> CN</td> </tr> <tr> <td><input type="checkbox"/> CS</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table> | TYPE: | <input type="checkbox"/> OC | <input type="checkbox"/> CN | <input type="checkbox"/> CS | <input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> N/A |
| NO:   | NO:   | TYPE:                       |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> MINI-14  | <input type="checkbox"/> 37 MM  |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> 9 MM   | <input type="checkbox"/> 40 MM  |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> 38 CAL   | <input type="checkbox"/> LB   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> SHOTGUN  | <input type="checkbox"/> 40 MULTI   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
|   | <input type="checkbox"/> HFWRs  |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
|   | <input type="checkbox"/> BATON  |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| TYPE:   |   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> OC   |   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> CN   |   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> CS   |   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> OTHER:   |   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input checked="" type="checkbox"/> N/A   |   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |
| <input type="checkbox"/> WEAPON<br><input checked="" type="checkbox"/> PHYSICAL<br><input type="checkbox"/> CHEMICAL<br><input type="checkbox"/> NONE | <input checked="" type="checkbox"/> N/A   |                             |     |       |                                  |                                |  |                               |                                |  |                                 |                             |  |                                  |                                   |  |  |                                |  |  |                                |  |   |       |                             |                             |                             |                                 |   |

| EVIDENCE COLLECTED BY YOU  | EVIDENCE DESCRIPTION                    | EVIDENCE DISPOSITION                    | BIO HAZARD   | PPE   |
|--|---|---|--|---|
| <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

| REPORTING STAFF INJURED  | DESCRIPTION OF INJURY                                       | LOCATION TREATED (HOSPITAL / CLINIC) | FLUID EXPOSURE   | SCIF 3301 / 3067 COMPLETED   |
|--|---|--------------------------------------|--|--|
| <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO | <u>Cut on right hand and left wrist, Pain in right knee</u> | <input type="checkbox"/> N/A         | <input type="checkbox"/> BODILY<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |

NARRATIVE: ON 4.12.07 At approximately 1855 hours Correctional officer T. Holmes and I were attempting to issue inmate Bloodsaw his legal mail in the B8 officer station. I/m Bloodsaw seemed agitated when he entered the office. C/o Holmes and I both tried to counsel Bloodsaw on his earlier behavior. Bloodsaw was not receptive to the counseling and started yelling Fuck you, Fuck you you white motherfuckers, you can suck my dick. C/o Holmes gave Bloodsaw a direct order to take it back to his cell. Bloodsaw left the office still yelling and cussing. I was escorting Bloodsaw back to A section, when approximately 2 feet before the section door Bloodsaw turned left into a bladed stance. I ordered

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

|  |                                 |   |  |
|--|---------------------------------|---|--|
| SIGNATURE OF REPORTING STAFF<br><u>J. C. Thom</u>                    | TITLE<br><u>C/O</u>             | BADGE #<br><u>45669</u>   | DATE<br><u>4.12.07</u>   |
| NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)<br><u>[Signature]</u> | DATE RECEIVED<br><u>4.12.07</u> | APPROVED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

488-28 31  
40-178 30

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART C1- SUPPLEMENT  
CDCR 837-C1 (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-008-07-04-014

NAME: LAST

Thom

FIRST

James

MI

C

## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

Bloodsaw to get down, instead Bloodsaw took a step towards me. I grabbed Bloodsaw by the front of his shirt with my right hand and wrapped my left arm around his upper body pulling ~~down~~ Bloodsaw down with the help of C/O Holmes we placed Bloodsaw on the floor in a prone position. Bloodsaw continued to fight refusing numerous orders to cuff up. I pulled Bloodsaw's right arm behind his back so C/O Holmes could place Bloodsaw in handcuffs. It should be noted that before the leg irons were placed on Bloodsaw's legs he kicked me in the right knee. C/O's C. Chapman and T. Wadsworth escorted Bloodsaw to the Hobby shop. I was seen by medical staff for injuries to my hands and right knee. A 7219 Form was completed. This ends my involvement in this incident

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

J. C. Thom

TITLE

C/O

BADGE #

45669

DATE

4.12.07

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## CRIME / INCIDENT REPORT

## PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

|   |                               |  |                                  |   |   |  |
|---|-------------------------------|--|----------------------------------|---|---|--|
| NAME: LAST<br><b>SILVA</b>                  |                               | FIRST<br><b>J-</b>   |                                  | MI<br><b>B.</b>   | INCIDENT DATE<br><b>4-12-07</b>           | INCIDENT TIME<br><b>1855</b>           |
| POST #<br><b>371580</b>                     | POSITION<br><b>B9 CONTROL</b> | YEARS OF SERVICE<br><b>4</b> Years <b></b> Months                  | DATE OF REPORT<br><b>4-12-07</b> |   | LOCATION OF INCIDENT<br><b>B9 ROTUNDA</b> |  |
| RDO's<br><b>F/S</b>                         | DUTY HOURS<br><b>14-2200</b>  | DESCRIPTION OF CRIME / INCIDENT<br><b>BATTERY ON PEACE OFFICER</b> |                                  |   | CCR SECTION / RULE<br><b>3005 (C)</b>     |  |
| YOUR ROLE                                   |                               | WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)                    |                                  | INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)                        |   |  |
| <input type="checkbox"/> PRIMARY            |                               | <b>(S) J. THOM</b>   |                                  | <b>(S) BLOODSAW P-20045</b>   |   |  |
| <input type="checkbox"/> RESPONDER          |                               | <b>(S) T. HOLMES</b>   |                                  |   |   |  |
| <input checked="" type="checkbox"/> WITNESS |                               | <b>(S) L. NORTHRUP</b>   |                                  |   |   |  |
| <input type="checkbox"/> VICTIM             |                               | <b>(S) T. WADSWORTH</b>  |                                  |   |   |  |
| <input type="checkbox"/> CAMERA             |                               |  |                                  |   |   |  |
| FORCE USED BY YOU                           |                               | WEAPONS AND SHOTS FIRED BY YOU                                     |                                  |   | CHEMICAL AGENTS USED BY YOU               |  |
| <input type="checkbox"/> WEAPON             |                               | <b>NO:</b>   |                                  |   | <b>TYPE:</b>                              |  |
| <input type="checkbox"/> PHYSICAL           |                               | <input type="checkbox"/> MINI-14                                   |                                  |   | <input type="checkbox"/> OC               |  |
| <input type="checkbox"/> CHEMICAL           |                               | <input type="checkbox"/> 9 MM                                      |                                  |   | <input type="checkbox"/> CN               |  |
| <input checked="" type="checkbox"/> NONE    |                               | <input type="checkbox"/> 38 CAL                                    |                                  |   | <input type="checkbox"/> CS               |  |
| FORCE OBSERVED BY YOU                       |                               | <input type="checkbox"/> SHOTGUN                                   |                                  |   | <input type="checkbox"/> OTHER:           |  |
| <input type="checkbox"/> WEAPON             |                               | <input checked="" type="checkbox"/> N/A                            |                                  |   | <input checked="" type="checkbox"/> N/A   |  |
| <input type="checkbox"/> PHYSICAL           |                               | <input type="checkbox"/> 37 MM                                     |                                  |   |   |  |
| <input type="checkbox"/> CHEMICAL           |                               | <input type="checkbox"/> 40 MM                                     |                                  |   |   |  |
| <input checked="" type="checkbox"/> NONE    |                               | <input type="checkbox"/> LB  |                                  |   |   |  |
|   |                               | <input type="checkbox"/> 40 MULTI                                  |                                  |   |   |  |
|   |                               | <input type="checkbox"/> HFWS                                      |                                  |   |   |  |
|   |                               | <input type="checkbox"/> BATON                                     |                                  |   |   |  |
| EVIDENCE COLLECTED BY YOU                   |                               | EVIDENCE DESCRIPTION   |                                  | EVIDENCE DISPOSITION  |   | BIO HAZARD                             |
| <input type="checkbox"/> YES                |                               |  |                                  |   |   | <input type="checkbox"/> YES           |
| <input checked="" type="checkbox"/> NO      |                               | <input type="checkbox"/> N/A                                       |                                  | <input type="checkbox"/> N/A  |   | <input type="checkbox"/> NO            |
| REPORTING STAFF INJURED                     |                               | DESCRIPTION OF INJURY  |                                  | LOCATION TREATED (HOSPITAL / CLINIC)                                    |   | SCIF 3301 / 3067 COMPLETED             |
| <input type="checkbox"/> YES                |                               |  |                                  |   |   | <input type="checkbox"/> YES           |
| <input checked="" type="checkbox"/> NO      |                               | <input checked="" type="checkbox"/> N/A                            |                                  | <input checked="" type="checkbox"/> N/A                                 |   | <input checked="" type="checkbox"/> NO |
|   |                               |  |                                  | FLUID EXPOSURE  |   |  |
|   |                               |  |                                  | <input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A |   |  |
|   |                               |  |                                  | <input type="checkbox"/> UNKNOWN  |   |  |
|   |                               |  |                                  | <input type="checkbox"/> OTHER:   |   |  |

## NARRATIVE:

ON 4-12-07, I WAS ASSIGNED AS B9 CONTROL BOOTH OFFICER. AT APPROXIMATELY 1855 HOURS, I OPENED CELL 101 WHO IS OCCUPIED BY INMATE BLOODSAW P-20045 TO COME TO THE OFFICERS' STATION TO PICKUP HIS LEGAL MAIL. BLOODSAW WAS USING PROFANITY (FUCK YOU, SUCK MY DICK) WHILE TALKING WITH OFFICERS; J. THOM, T. HOLMES, AND NORTHRUP. AS BLOODSAW LEFT THE OFFICERS' STATION, OFFICER THOM WAS COUNSELING BLOODSAW ABOUT BEING DESRESPECTFUL AND YELLING. AS I WAS BY A SECTION CONTROL PANEL OPENING BLOODSAW'S CELL DOOR, I HEARD OFFICER THOM SAYING "GET DOWN!" THEN, I LOOKED DOWN INTO THE ROTUNDA AND I SAW OFFICER THOM WITH OFFICERS HOLMES AND NORTHRUP

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

|   |                                 |   |  |
|---|---------------------------------|---|--|
| SIGNATURE OF REPORTING STAFF<br><i>[Signature]</i>          | TITLE<br><b>C/O</b>             | BADGE #<br><b>67266</b>   | DATE<br><b>4-12-07</b>   |
| TITLE OF REVIEWER (PRINT / SIGNATURE)<br><i>[Signature]</i> | DATE RECEIVED<br><b>4-12-07</b> | APPROVED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |



633 88 330 33  
 79 42 180 28

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## CRIME / INCIDENT REPORT

## PART C1- SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-B 08-07-04-0144

NAME: LAST

SILVA

FIRST

J.

MI

B

## TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

## NARRATIVE:

ON THE GROUND TRYING TO CONTROL BLOODSAW. I IMMEDIATELY ACTIVATED MY PERSONAL ALARM AND WENT TO THE YARD DOOR PANEL AND OPEN THE YARD DOOR FOR RESPONDING STAFF TO ASSIST IN RESTRAINING BLOODSAW. OFFICER CHAPMAN ASKED ME FOR LEG RESTRAINTS WHICH HE APPLIED TO BLOODSAW'S ANKLES. AFTER BLOODSAW WAS IN RESTRAINTS, HE WAS ESCORTED TO THE HOBBY SHOP ON B YARD BY OFFICERS CHAPMAN AND WADSWORTH. THIS CONCLUDED MY INVOLVEMENT WITH THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

C/O

67266

4-12-07

STATE OF CALIFORNIA  
**CRIME / INCIDENT REPORT**  
**PART C - STAFF REPORT**  
 CDCR 837-C (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

|   |                                |  |                                   |   |  |  |
|---|--------------------------------|--|-----------------------------------|---|--|--|
| NAME: LAST<br><b>CHAPMAN</b>                  |                                | FIRST<br><b>C</b>  |                                   | MI<br><b>J</b>  | INCIDENT DATE<br><b>04.12.07</b>         | INCIDENT TIME<br><b>1855</b>           |
| POST #<br><b>371568</b>                       | POSITION<br><b>B-5 control</b> | YEARS OF SERVICE<br><b>4</b> Years <b>2</b> Months                 | DATE OF REPORT<br><b>04.12.07</b> |   | LOCATION OF INCIDENT<br><b>BRAND - 8</b> |  |
| RDO's<br><b>S/S</b>                           | DUTY HOURS<br><b>14-22</b>     | DESCRIPTION OF CRIME / INCIDENT<br><b>BATTERY ON PEALG OFFICER</b> |                                   |   | CCR SECTION / RULE<br><b>3005(C)</b>     |  |
| YOUR ROLE                                     |                                | WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)                    |                                   | INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)                        |  |  |
| <input type="checkbox"/> PRIMARY              |                                | <b>(S) J. THOM C/O</b>   |                                   | <b>(S) BLOODSAW</b>   |  |  |
| <input checked="" type="checkbox"/> RESPONDER |                                | <b>T. HOLMES C/O</b>   |                                   | <b>P-20045</b>  |  |  |
| <input type="checkbox"/> WITNESS              |                                | <b>L. NORTHRUP C/O</b>   |                                   |   |  |  |
| <input type="checkbox"/> VICTIM               |                                | <b>J. WADSWORTH C/O</b>  |                                   |   |  |  |
| <input type="checkbox"/> CAMERA               |                                |  |                                   |   |  |  |
| FORCE USED BY YOU                             |                                | WEAPONS AND SHOTS FIRED BY YOU                                     |                                   |   | CHEMICAL AGENTS USED BY YOU              |  |
| <input type="checkbox"/> WEAPON               |                                | <input type="checkbox"/> NO: _____                                 |                                   |   | <input type="checkbox"/> TYPE: _____     |  |
| <input type="checkbox"/> PHYSICAL             |                                | <input type="checkbox"/> NO: _____                                 |                                   |   | <input type="checkbox"/> TYPE: _____     |  |
| <input type="checkbox"/> CHEMICAL             |                                | <input type="checkbox"/> NO: _____                                 |                                   |   | <input type="checkbox"/> TYPE: _____     |  |
| <input checked="" type="checkbox"/> NONE      |                                | <input type="checkbox"/> MINI-14 _____                             |                                   |   | <input type="checkbox"/> OC _____        |  |
| FORCE OBSERVED BY YOU                         |                                | <input type="checkbox"/> 9 MM _____                                |                                   |   | <input type="checkbox"/> CN _____        |  |
| <input type="checkbox"/> WEAPON               |                                | <input type="checkbox"/> 38 CAL _____                              |                                   |   | <input type="checkbox"/> CS _____        |  |
| <input type="checkbox"/> PHYSICAL             |                                | <input type="checkbox"/> SHOTGUN _____                             |                                   |   | <input type="checkbox"/> OTHER: _____    |  |
| <input type="checkbox"/> CHEMICAL             |                                | <input type="checkbox"/> 40 MULTI _____                            |                                   |   | <input checked="" type="checkbox"/> N/A  |  |
| <input checked="" type="checkbox"/> NONE      |                                | <input checked="" type="checkbox"/> N/A                            |                                   |   |  |  |
| EVIDENCE COLLECTED BY YOU                     |                                | EVIDENCE DESCRIPTION   |                                   | EVIDENCE DISPOSITION  |  | BIO HAZARD                             |
| <input type="checkbox"/> YES                  |                                |  |                                   |   |  | <input type="checkbox"/> YES           |
| <input checked="" type="checkbox"/> NO        |                                | <input checked="" type="checkbox"/> N/A                            |                                   | <input checked="" type="checkbox"/> N/A                                 |  | <input checked="" type="checkbox"/> NO |
| REPORTING STAFF INJURED                       |                                | DESCRIPTION OF INJURY  |                                   | LOCATION TREATED (HOSPITAL / CLINIC)                                    |  | SCIF 3301 / 3067 COMPLETED             |
| <input type="checkbox"/> YES                  |                                |  |                                   |   |  | <input type="checkbox"/> YES           |
| <input checked="" type="checkbox"/> NO        |                                | <input checked="" type="checkbox"/> N/A                            |                                   | <input checked="" type="checkbox"/> N/A                                 |  | <input checked="" type="checkbox"/> NO |
|   |                                |  |                                   | FLUID EXPOSURE  |  |  |
|   |                                |  |                                   | <input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A |  |  |
|   |                                |  |                                   | <input type="checkbox"/> UNKNOWN  |  |  |
|   |                                |  |                                   | <input type="checkbox"/> OTHER: _____                                   |  |  |

**NARRATIVE:** ON 04.12.07 AT APPROXIMATELY 1855 HOURS, I RESPONDED TO AN ALARM IN B-8. UPON ENTERING THE ROTUNDA I SAW AN INMATE, LATER IDENTIFIED AS BLOODSAW P-20045 B8.1011 ON THE GROUND IN RESTRAINTS. OFFICER J. THOM WAS HOLDING DOWN BLOODSAW'S UPPER BODY ON THE RIGHT SIDE OF BLOODSAW. C/O T. HOLMES WAS HOLDING DOWN BLOODSAW'S UPPER LEFT SIDE. C/O L. NORTHRUP WAS HOLDING DOWN BLOODSAW'S LEGS. I PLACED LEG IRONS ON BLOODSAW AND C/O T. WADSWORTH AND I ESCORTED BLOODSAW TO B-HOBBY SHOP AND PLACED HIM HOLDING CELL NUMBER ONE. THIS CONCLUDES MY REPORT.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

|   |                                 |   |  |
|---|---------------------------------|---|--|
| SIGNATURE OF REPORTING STAFF<br><b>C/O C. Chapman</b>                   | TITLE<br><b>C/O</b>             | BADGE #<br><b>67065</b>   | DATE<br><b>04.12.07</b>  |
| NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)<br><b>A. [Signature]</b> | DATE RECEIVED<br><b>4-12-07</b> | APPROVED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART C - STAFF REPORT  
CDCR 837-C (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

|   |                                |  |                                  |  |   |   |
|---|--------------------------------|--|----------------------------------|--|---|---|
| NAME: LAST<br><b>WADSWORTH</b>                |                                | FIRST<br><b>T</b>  |                                  | MI<br><b>P</b>                                   | INCIDENT DATE<br><b>4-12-07</b>           | INCIDENT TIME<br><b>1855</b>            |
| POST # <b>37162</b>                           | POSITION<br><b>B7 FLOOR #2</b> | YEARS OF SERVICE<br><b>12</b> Years <b>10</b> Months                 | DATE OF REPORT<br><b>4-12-07</b> |  | LOCATION OF INCIDENT<br><b>B8 ROTUNDA</b> |   |
| RDO's<br><b>S/S</b>                           | DUTY HOURS<br><b>1400-2200</b> | DESCRIPTION OF CRIME / INCIDENT<br><b>BATTERY ON A PEACE OFFICER</b> |                                  |  | CCR SECTION / RULE<br><b>3005(c)</b>      |   |
| YOUR ROLE                                     |                                | WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)                      |                                  | INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) |   |   |
| <input type="checkbox"/> PRIMARY              |                                | <b>(S) J. THOM 4/O</b>   |                                  | <b>(S) BLOODSAW</b>                              |   |   |
| <input checked="" type="checkbox"/> RESPONDER |                                | <b>(S) T. HOLMES 4/O</b>   |                                  | <b>P-20045</b>                                   |   |   |
| <input type="checkbox"/> WITNESS              |                                | <b>(S) L. NORTHRUP 4/O</b>   |                                  | <b>B8-1012</b>                                   |   |   |
| <input type="checkbox"/> VICTIM               |                                |  |                                  |  |   |   |
| <input type="checkbox"/> CAMERA               |                                |  |                                  |  |   |   |
| FORCE USED BY YOU                             |                                | WEAPONS AND SHOTS FIRED BY YOU                                       |                                  |  | CHEMICAL AGENTS USED BY YOU               |   |
| <input type="checkbox"/> WEAPON               |                                | <input type="checkbox"/> NO:   |                                  |  | <input type="checkbox"/> NO:              |   |
| <input type="checkbox"/> PHYSICAL             |                                | <input type="checkbox"/> TYPE:                                       |                                  |  | <input type="checkbox"/> TYPE:            |   |
| <input type="checkbox"/> CHEMICAL             |                                | <input type="checkbox"/> MINI-14                                     |                                  |  | <input type="checkbox"/> OC               |   |
| <input checked="" type="checkbox"/> NONE      |                                | <input type="checkbox"/> 9 MM  |                                  |  | <input type="checkbox"/> CN               |   |
| FORCE OBSERVED BY YOU                         |                                | <input type="checkbox"/> 38 CAL                                      |                                  |  | <input type="checkbox"/> CS               |   |
| <input type="checkbox"/> WEAPON               |                                | <input type="checkbox"/> SHOTGUN                                     |                                  |  | <input type="checkbox"/> OTHER:           |   |
| <input type="checkbox"/> PHYSICAL             |                                | <input checked="" type="checkbox"/> N/A                              |                                  |  | <input checked="" type="checkbox"/> N/A   |   |
| <input type="checkbox"/> CHEMICAL             |                                | <input type="checkbox"/> 37 MM                                       |                                  |  |   |   |
| <input checked="" type="checkbox"/> NONE      |                                | <input type="checkbox"/> 40 MM                                       |                                  |  |   |   |
|   |                                | <input type="checkbox"/> L8  |                                  |  |   |   |
|   |                                | <input type="checkbox"/> 40 MULTI                                    |                                  |  |   |   |
|   |                                | <input type="checkbox"/> HFWS  |                                  |  |   |   |
|   |                                | <input type="checkbox"/> BATON                                       |                                  |  |   |   |
| EVIDENCE COLLECTED BY YOU                     |                                | EVIDENCE DESCRIPTION   |                                  | EVIDENCE DISPOSITION                             |   | BIO HAZARD                              |
| <input type="checkbox"/> YES                  |                                |  |                                  |  |   | <input type="checkbox"/> YES            |
| <input checked="" type="checkbox"/> NO        |                                | <input checked="" type="checkbox"/> N/A                              |                                  | <input checked="" type="checkbox"/> N/A          |   | <input checked="" type="checkbox"/> NO  |
| REPORTING STAFF INJURED                       |                                | DESCRIPTION OF INJURY  |                                  | LOCATION TREATED (HOSPITAL / CLINIC)             |   | SCIF 3301 / 3067 COMPLETED              |
| <input type="checkbox"/> YES                  |                                |  |                                  |  |   | <input type="checkbox"/> YES            |
| <input checked="" type="checkbox"/> NO        |                                | <input checked="" type="checkbox"/> N/A                              |                                  | <input checked="" type="checkbox"/> N/A          |   | <input checked="" type="checkbox"/> NO  |
|   |                                |  |                                  | FLUID EXPOSURE                                   |   |   |
|   |                                |  |                                  | <input type="checkbox"/> BODILY                  |   | <input checked="" type="checkbox"/> N/A |
|   |                                |  |                                  | <input type="checkbox"/> UNKNOWN                 |   |   |
|   |                                |  |                                  | <input type="checkbox"/> OTHER:                  |   |   |

NARRATIVE: ON THURSDAY, APRIL 12<sup>th</sup> 2007 AT APPROXIMATELY 1855 HOURS WHILE WORKING AS B7 FLOOR OFFICER #2, I RESPONDED TO A PERSONEL ALARM IN UNIT B8. AS I ENTERED THE ROTUNDA AREA OF B8, I OBSERVED THREE OFFICERS AND ONE INMATE ON THE FLOOR NEXT TO HOLDING CELL NUMBER TWO. OFFICER J. THOM WAS HOLDING THE UPPER <sup>RIGHT</sup> SIDE OF INMATE BLOODSAW P-20045 AGAINST THE FLOOR. OFFICER T. HOLMES WAS HOLDING THE UPPER <sup>LEFT</sup> SIDE OF BLOODSAW AGAINST THE FLOOR. OFFICER L. NORTHRUP WAS HOLDING BLOODSAW'S LEGS DOWN. I NOTICED THAT BLOODSAW HAD ALREADY BEEN PLACED IN HANDCUFFS, WHEN OFFICER C. CHAPMAN PLACED LEG RESTRAINTS ON BLOODSAW. OFFICER C. CHAPMAN AND MYSELF ESCORTED BLOODSAW OUT OF THE UNIT AND PLACED HIM

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

|  |  |                                 |   |  |
|--|--|---------------------------------|---|--|
| SIGNATURE OF REPORTING STAFF<br><b>T. Wadsworth</b>                |  | TITLE<br><b>4/O</b>             | BADGE #<br><b>49538</b>   | DATE<br><b>4-12-07</b>   |
| NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)<br><b>A. P. ...</b> |  | DATE RECEIVED<br><b>4/12/07</b> | APPROVED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CLARIFICATION NEEDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

#36 136  
#45 183

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA  
CRIME / INCIDENT REPORT  
PART C1- SUPPLEMENT  
CDCR B37-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER  
PBP-B08-07-04-0144

NAME: LAST

WADSWORTH,

FIRST

T

MI

P

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

INTO "B" FACILITIES HODDIE SHOP AND INTO HOLDING  
CELL NUMBER ONE

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

T. W. ———

TITLE

C/O

BADGE #

49538

DATE

4-12-07

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MEDICAL REPORT OF INJURY  
OR UNUSUAL OCCURRENCE

|   |   |   |   |   |                         |
|---|---|---|---|---|-------------------------|
| NAME OF INSTITUTION<br><i>FBSF</i>      | FACILITY/UNIT<br><i>B8</i>                        | REASON FOR REPORT (circle)<br><i>USE OF FORCE</i> | INJURY<br>UNUSUAL OCCURRENCE                  | ON THE JOB INJURY<br>PRE AD/SEG ADMISSION | DATE<br><i>11-12-07</i> |
| THIS SECTION FOR INMATE ONLY            | NAME LAST<br><i>WOODS</i>                         | FIRST<br><i>THEOPHIL</i>                          | CDC NUMBER<br><i>P20045</i>                   | HOUSING LOC.<br><i>B8-101</i>             | NEW HOUSING LOC.        |
| THIS SECTION FOR STAFF ONLY             | NAME LAST   | FIRST   | BADGE #                                       | RANK/CLASS                                | ASSIGNMENT/RDOs         |
| THIS SECTION FOR VISITOR ONLY           | NAME LAST   | FIRST   | MIDDLE  | DOB                                       | OCCUPATION              |
| HOME ADDRESS                            |   | CITY  | STATE   | ZIP                                       | HOME PHONE              |
| PLACE OF OCCURRENCE<br><i>B8 ROTUND</i> | DATE/TIME OF OCCURRENCE<br><i>11-12-07 / 1855</i> |   | NAME OF WITNESS(ES)<br><i>CUSTODY STAFF</i>   |   |                         |
| TIME NOTIFIED<br><i>1855</i>            | TIME SEEN<br><i>1900</i>                          | ESCORTED BY                                       | MODE OF ARRIVAL (circle)<br><i>AMBULATORY</i> | LITTER<br>ON SITE                         | WHEELCHAIR              |
| AGE<br><i>48</i>                        | RACE<br><i>B</i>                                  | SEX<br><i>M</i>                                   |   |   |                         |

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

*"My neck hurts" "My knee hurts"*

## INJURIES FOUND? YES/NO

|                        |    |
|------------------------|----|
| Abrasion/Scratch       | 1  |
| Active Bleeding        | 2  |
| Broken Bone            | 3  |
| Bruise/Discolored Area | 4  |
| Burn                   | 5  |
| Dislocation            | 6  |
| Dried Blood            | 7  |
| Fresh Tattoo           | 8  |
| Cut/Laceration/Slash   | 9  |
| O.C. Spray Area        | 10 |
| Pain                   | 11 |
| Protrusion             | 12 |
| Puncture               | 13 |
| Reddened Area          | 14 |
| Skin Flap              | 15 |
| Swollen Area           | 16 |
| Other                  | 17 |
|                        | 18 |
|                        | 19 |

O.C. SPRAY EXPOSURE? YES/NO

DECONTAMINATED? YES/NO

Self-decontamination instructions given? YES/NO

Refused decontamination? YES/NO

Q 15 min. checks *N* / *I* / *A*

Staff issued exposure packet? YES/NO

RN NOTIFIED/TIME  
*BALES RN / 1920*PHYSICIAN NOTIFIED/TIME  
*N/A*

TIME/DISPOSITION

*2010 / RETURNED TO cell from CR,  
(Now - CCMS patient)*

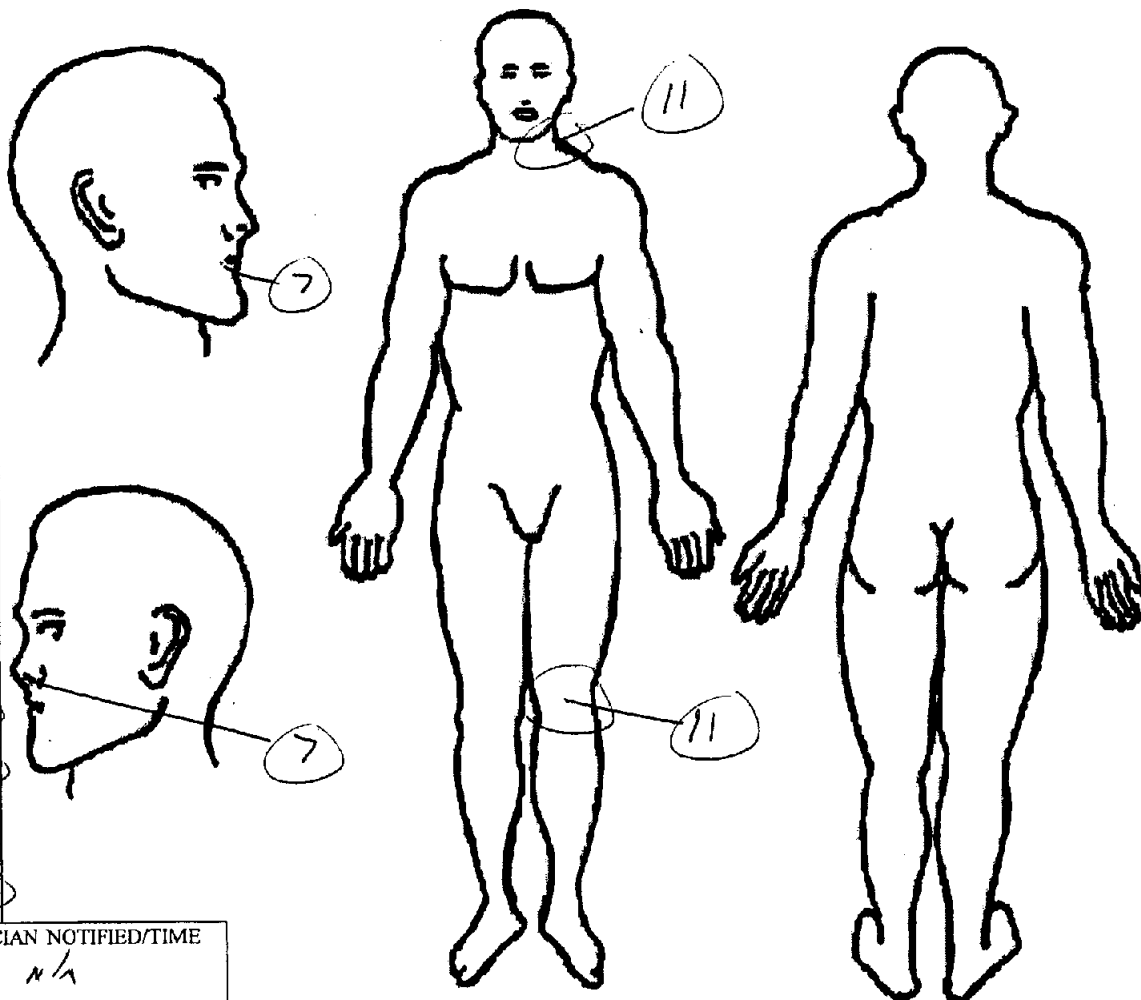
REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

*J. Keys / MTA*

BADGE #

*71765*

RDOs

*M/T*



STATE OF CALIFORNIA  
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE  
CDC 114-D (Rev 10/98)

DEPARTMENT OF CORRECTIONS  
CCCMS-NO GFL 99

DISTRIBUTION:  
WHITE - CENTRAL FILE  
BLUE - INMATE (2ND COPY)  
GREEN - ASU

CANARY - WARDEN  
PINK - HEALTH CARE MGR  
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

**BLOODSAW**CDC NUMBER  
**P-20045****REASON(S) FOR PLACEMENT (PART A)**

- ☐ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS  
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY  
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

**DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:**

On Thursday, April 12, 2007, a decision was made to place you in the Administrative Segregation Unit (AD-SEG). The reason for your placement is while housed on Facility B you were charged with Battery on a Peace Officer. Specifically, you battered Correctional Officer J. Thom. Due to the lack of bed space in (AD-SEG) you will be confined to quarters until bed space is available. You were not placed into (AD-SEG) until 4-13-07. You will remain in the Administrative Segregation Unit pending adjudication of a Rules Violation Report (RVR) for Battery on a Peace Officer.

|   |   |  |                                 |
|---|---|--|---------------------------------|
| <input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) |   | <input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / / |                                 |
| DATE OF ASU PLACEMENT<br><b>4-13-07</b>                                   | SEGREGATION AUTHORITY'S PRINTED NAME<br><b>R TUPY</b> | SIGNATURE<br><i>[Signature]</i>  | TITLE<br><b>LIEUTENANT</b>      |
| DATE NOTICE SERVED<br><b>4-13-07</b>                                      | TIME SERVED   | PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE<br><b>R. Mazurek</b>            | SIGNATURE<br><i>[Signature]</i> |
| <input checked="" type="checkbox"/> INMATE REFUSED TO SIGN                |   | INMATE SIGNATURE<br><i>[Signature]</i>   | CDC NUMBER<br><b>CJO</b>        |

**ADMINISTRATIVE REVIEW (PART B)**

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

| STAFF ASSISTANT (SA)  |       | INVESTIGATIVE EMPLOYEE (IE)   |       |
|---|-------|---|-------|
| STAFF ASSISTANT NAME  | TITLE | INVESTIGATIVE EMPLOYEE'S NAME   | TITLE |
| <b>IS THIS INMATE:</b><br>LITERATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>FLUENT IN ENGLISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>ABLE TO COMPREHEND ISSUES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>DECLINING FIRST STAFF ASSISTANT ASSIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> NOT ASSIGNED Any "NO" requires SA assignment |       | <b>EVIDENCE COLLECTION BY IE UNNECESSARY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>DECLINED ANY INVESTIGATIVE EMPLOYEE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>ASU PLACEMENT IS FOR DISCIPLINARY REASONS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> NOT ASSIGNED Any "NO" may require IE assignment |       |

**INMATE WAIVERS**

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☒ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME  
☐ NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE  
*[Signature]*

DATE

**WITNESSES REQUESTED FOR HEARING**

|               |                  |               |                  |
|---------------|------------------|---------------|------------------|
| WITNESS' NAME | TITLE/CDC NUMBER | WITNESS' NAME | TITLE/CDC NUMBER |
| WITNESS' NAME | TITLE/CDC NUMBER | WITNESS' NAME | TITLE/CDC NUMBER |

**DECISION:** ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

|  |       |  |      |                                     |
|--|-------|--|------|-------------------------------------|
| ADMINISTRATIVE REVIEWER'S PRINTED NAME                   | TITLE | DATE OF REVIEW   | TIME | ADMINISTRATIVE REVIEWER'S SIGNATURE |
| CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary) |       | CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary) |      | DATE OF REVIEW                      |

76 72 39  
State of California

76 157 35  
**Memorandum**

10  
Date : June 7, 2007

**DA ACCEPTED**

To : M. D. Yax  
Associate Warden  
Central Services

From : Department of Corrections and Rehabilitation  
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject : **PBSP INCIDENT #PBP-B08-07-04-0144**

On April 12, 2007, inmate **BLOODSAW, P-20045**, committed the following violation of the California Penal Code Section:

**69 Resisting or Deterring an Officer**

**4501.5 Battery Upon a Person not a Prisoner**


On May 4, 2007, the case was presented to the Del Norte County District Attorney's Office for possible prosecution.

On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

**COUNT I 4501.5 Battery Upon a Person not a Prisoner**

**COUNT II 69 Resisting or Deterring an Officer**

You will be apprised of the outcome of this case.

  
T. STEWART  
Correctional Sergeant  
Court Liaison Office

cc: Facility Captain  
Facility S&E  
Records  
Inmate  
CLO File



State of California

**M e m o r a n d u m**

Date : November 6, 2007

**DA DISMISS**

(AND DETAINER REMOVAL)

To : M. D. Yax  
Associate Warden  
Central Services

From : Department of Corrections and Rehabilitation  
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject : **PBSP INCIDENT #PBP-B08-07-04-0144, CRPB07-5089**

On April 12, 2007, inmate **BLOODSAW, P-20045**, committed the following violation of the California Penal Code Section:

**69                Resisting or Deterring an Officer**  
**4501.5        Battery Upon a Person not a Prisoner**

On May 4, 2007, the case was presented to the Del Norte District Attorney's Office for possible prosecution.


On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

**COUNT I    4501.5 Battery Upon a Person not a Prisoner**  
**COUNT II   69     Resisting or Deterring an Officer**

On November 6, 2007, the District Attorney's Office notified Pelican Bay State Prison that on October 26, 2007, the case was dismissed by the court, and the above named inmate will not be held to answer to the above charges.

The Court Liaison Office is no longer investigating the above named inmate. Please release the Detainer placed by this office. Any pending disciplinary action should be completed and a closure report prepared.

This closes our interest in this case. If you have any questions, please call my office at extension 9081 or 5526.

  
T. STEWART  
Correctional Sergeant  
Court Liaison Office

cc: Facility Captain  
Facility S&E  
Records  
Security Squad  
Inmate  
OTC Desk  
CLO File

EXHIBIT

B

CHASER Civil Docket Report for 5:00cv20505

Page 1 of 2

CHASER Pre Extracted Civil Docket as of February 27, 2003 9:25 pm  
TERMED TRANSF

## U.S. District Court

| * Parties *   | * Attorneys *  |
|---|--|
| U.S. District for the Northern D<br>CIVIL DOCKET FOR C  | strict of California (San Jose)<br>SE #: 00-CV-20505   |
| Bloodsaw v. Woodford Filed: 04/24/00<br>Assigned to: Judge Jeremy Fogel<br>Demand: \$0,000 Nature of Suit: 530<br>Lead Docket: None Jurisdiction: Federal Question<br>Dkt# in other court: None |  |
| Cause: 28:2254 Petition for Writ  | of Habeas Corpus (State)   |
| THEOPRIC KENT BLOODSAW<br>Plaintiff   | Theopric Kent Bloodsaw<br>[COR LD NTC] [PRO SE]<br>Booking No. 7475221<br>BKS No. F1,7000 Dorm C-7196<br>441 Bauchet Street<br>Los Angeles, CA 90012 |
| v.  |  |
| J.S. WOODFORD, Warden<br>defendant  |  |

## Docket Proceedings

| Date     | Doc # | Docket Entry   |
|----------|-------|--|
| 04/24/00 | 1     | PETITION FOR WRIT OF HABEAS CORPUS (no process) Fee status ifpp entered on 4/24/00 (); [3:00-cv-01398] (ga) [Entry date 04/28/00]  |
| 04/24/00 | 1     | IN FORMA PAUPERIS AFFIDAVIT by Plaintiff Theopric Kent Bloodsaw for leave to proceed in forma pauperis [3:00-cv-01398] (ga) [Entry date 04/28/00]  |
| 05/02/00 | 2     | DECLINATION to proceed before magistrate by Plaintiff Theopric Kent Bloodsaw [3:00-cv-01398] (ga) [Entry date 05/04/00]  |
| 05/03/00 | 3     | ORDER by Mag. Judge Maria-Elena James of impending reassignment to a United States District Judge () (cc: all counsel) [3:00-cv-01398] (ga) [Entry date 05/05/00]  |
| 05/10/00 | 4     | ORDER by Assignment Committee Case reassigned to Judge Jeremy Fogel referred to Judge Jeremy Fogel the affidavit motion for leave to proceed in forma pauperis [1-1] () (cc: all counsel) [3:00-cv-01398] (ga) |
|          |       |  |

CHASER Civil Docket Report for 5:00cv20505

Page 2 of 2

|                              |   |   |
|------------------------------|---|---|
| 05/18/00                     | 5 | ORDER by Judge Jeremy Fogel to transfer case to Dist of: Central District of California ; appeal filing ddl 6/26/00 ( Date Entered: 5/25/00) (cc: all counsel) [5:00-cv-20505] (gm) [Entry date 05/25/00] |
| 06/09/00                     | 6 | RECEIPT from Central District of California [5:00-cv-20505] (gm) [Entry date 06/13/00]  |
| 06/20/00                     | 7 | LETTER from Theopric Kent Bloodsaw [5:00-cv-20505] (gm) [Entry date 06/22/00]   |
| 02/27/03                     | 8 | LETTER from Theopric Kent Bloodsaw [5:00-cv-20505] (gm)   |
| [END OF DOCKET: 5:00cv20505] |   |   |

HABEAS, CLOSED, TRANSF

U.S. District Court  
California Northern District (San Jose)  
CIVIL DOCKET FOR CASE #: 5:04-cv-00752-JF  
Internal Use Only

Bloodsaw v. Woodford et al  
Assigned to: Hon. Jeremy Fogel  
Referred to:  
Demand: \$  
Lead Docket: None  
Related Cases: None  
Case in other court: None  
Cause: 28:2254 Petition for Writ of Habeas Corpus (State)

Date Filed: 02/23/04  
Jury Demand: None  
Nature of Suit: 550 Prisoner: Civil  
Rights  
Jurisdiction: Federal Question

**Plaintiff**

Theopric K. Bloodsaw

represented by Theopric K. Bloodsaw  
P20045  
D4-CELL 106  
California State LAC  
44750 60th St. West  
Lancaster, CA 93536-7619  
PRO SE

V.

**Defendant**

J. S. Woodford

N. Granis



47  
146  
7

| Filing Date | # | Docket Text   |
|-------------|---|---|
| 02/23/2004  | 1 | PETITION for Writ of Habeas Corpus (Filing fee \$ IEPP) Filed by Theopric K. Bloodsaw (lrd: COURT STAFF) (Filed on 2/23/2004) (Entered: 02/27/2004)                   |
| 02/23/2004  | 2 | MOTION for Leave to Proceed in forma pauperis filed by Theopric K. Bloodsaw (gm: COURT STAFF) (Filed on 2/23/2004) (Entered: 03/02/2004)                              |
| 02/23/2004  | 3 | CLERK'S NOTICE re completion of In Forma Pauperis affidavit or payment of filing fee due within 30 days. (gm: COURT STAFF) (Filed on 2/23/2004) (Entered: 03/02/2004) |
| 03/04/2004  | 4 | ORDER TRANSFERRING CASE to Central District of California Signed by Judge Jeremy Fogel on 3/4/2004. (gm: COURT STAFF) (Filed on 3/4/2004) (Entered: 03/05/2004)       |

Filed

MAR - 4 2004

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE

4

File

NOT FOR CITATION  
IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

THEOPRIC K. BLOODSAW,  
Plaintiff,

vs.

J.S. WOODFORD, et al.,  
Defendants.

No. C 04-0752 JF (PR)  
ORDER OF TRANSFER

(Doc # 2)

This is a civil rights case brought pro se by a state prisoner. Plaintiff is currently incarcerated at California State Prison - Los Angeles County located in Lancaster, California. Plaintiff claims he is incarcerated illegally by the California Department of Corrections. Plaintiff was convicted in Los Angeles County in 1997. The Court construes Plaintiff's complaint as a petition for a writ of habeas corpus, challenging the legality of his conviction and sentence. Therefore, the instant case will be transferred to the Central District of California, the location of Plaintiff's conviction and his confinement. This case is therefore TRANSFERRED to the United States District Court for the Central District of California. See 28 U.S.C. § 1404(a); Habeas L.R. 2254-3(b).

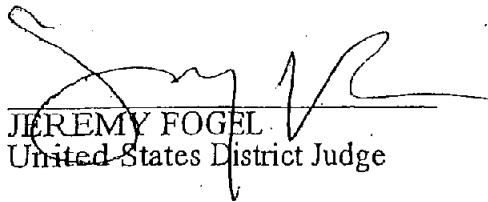


48 49

1 In view of the transfer, the Court will not rule on Plaintiff pending motion for leave to  
2 proceed in forma pauperis (doc # 2). The Clerk shall terminate all pending motions and  
3 transfer the entire file to the Central District of California.

4 IT IS SO ORDERED.

5 DATED: 3/4/04

  
JEREMY FOGEL  
United States District Judge

1 This is to certify that on 3-4-04, a copy of this ruling  
2 was mailed to the following:

3 Theopric K. Bloodsaw  
4 P-20045  
5 CSP - Los Angeles  
6 44570 60th  
7 Street West  
8 Lancaster, CA 93536-7619  
9  
10  
11  
12  
13  
14  
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16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

48 51  
30

DEPUTY DAILY WORKSHEET

11/28/02 0111

STATION: LNX

UNIT: 31A SHIFT: D DATE: 11/08/02 0600 - 1400 CLASS: 2' TYPE: P

# 470671 SATO BRADLEY J

O/T:

O/T PA:

# 260296 HOODYE SEAN C

O/T:

VEH: SD2337 MILES: ( 39824 -> 39845 ) : 21

MOBILE: 15793

SPEC EQP: SG 9 TAZER 4

PORTABLES: 18472

18473

ARRESTS /FEL-MA:

FA:

MJ:

FJ:

CITS/HZ:

NHZ:

PKG:

/MSD-MA:

FA:

MJ:

FJ:

PATROL AREA/TIME: 06/252

TIME-SHIFT: 480 TT: 9 HDL: 209 WRT: 0 PTL: 252 UNALLOC: 10 RPTS:

INCIDENT ASSIGNMENTS:

| TAG# | CODE | DISP | ACK | ENRT  | 10/97 | 10/98 | RD#  | A | S | P | TT | HDL | WRT | URN |
|------|------|------|-----|-------|-------|-------|------|---|---|---|----|-----|-----|-----|
| 0037 | 924B | 0543 |     | 0600? | 0600? | 0700? | 0370 |   | O | R |    | 60  |     |     |

LOC: VEH PREP/BRIEF

CLR: 754 STATION SERVICE: Briefing

|      |     |      |      |      |      |      |      |  |   |   |  |   |  |  |
|------|-----|------|------|------|------|------|------|--|---|---|--|---|--|--|
| 0056 | 931 | 0715 | 0718 | 0745 | 0745 | 0747 | 0371 |  | C | P |  | 2 |  |  |
|------|-----|------|------|------|------|------|------|--|---|---|--|---|--|--|

LOC: 1358 97TH ST, LA

CLR: 772 Assist CHP

NARR: CHP ON SCENE CODE 4

|      |      |      |      |      |      |      |      |  |   |   |   |   |  |  |
|------|------|------|------|------|------|------|------|--|---|---|---|---|--|--|
| 0067 | 927H | 0817 | 0817 | 0821 | 0823 | 0831 | 0373 |  | 9 | P | 2 | 8 |  |  |
|------|------|------|------|------|------|------|------|--|---|---|---|---|--|--|

LOC: 10910 WILTON PL, LA

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: CONT WANDA FB/A RE: 927H ...NO 927H C-4..

|      |      |      |      |      |      |       |      |  |   |   |   |    |  |  |
|------|------|------|------|------|------|-------|------|--|---|---|---|----|--|--|
| 0068 | 902R | 0849 | 0849 | 0849 | 0856 | 0915? | 0373 |  | 9 | E | 7 | 19 |  |  |
|------|------|------|------|------|------|-------|------|--|---|---|---|----|--|--|

LOC: 2041 CULLIVAN ST, LA

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: CONT VERCIL FB/A RE: JAMES MARTIN NOT BREATHING. STA 14 ARRVD @TREATED JAMES PRNCD DEAD AT 0833HRS JAMES SUFFRED FRM CHRONIC EMPHASYMA.

|      |     |      |  |       |       |       |      |  |   |   |  |     |  |  |
|------|-----|------|--|-------|-------|-------|------|--|---|---|--|-----|--|--|
| 0126 | 925 | 1157 |  | 1150? | 1200? | 1400? | 0372 |  | O | R |  | 120 |  |  |
|------|-----|------|--|-------|-------|-------|------|--|---|---|--|-----|--|--|

LOC: CENTURYBL/LA SALLE AV, LA

CLR: 283 WARRANTS: Felony, In County

NARR: CONT THEO MB/A WAS COMBATIVE AGAINST US. CENTURY @ LASALLE STA 814 ARRVD TREATED THEO WE WENT TO CENTINELA HOSP FOR INJURIES...

CERTIFIED A TRUE AND CORRECT COPY  
OF ORIGINAL MAINTAINED WITHIN FILES  
OF THE LOS ANGELES COUNTY SHERIFF'S  
DEPARTMENT - LENOX STATION 11/28/02

TITLE - NAME EMPLOYEE NUMBER

Report Date: 11/28/02

UNIT HISTORY REPORT  
LENNOX

Page 1 of 2

Unit: 31A Shift: 2 Shift Date: 11/08/02  
 /0542\* LOGON ( ) ,X,,31A,D,110802,Y,2,0600,1400,470671,,,260296,,,39824,,SD2337,SG 9 TAZER  
 4,15793,18472,18473,,,,, <000>  
 /0542\* MDTON (470671) MDT01639 <000>  
 /0543\* \*\* ASSIGN/D (470671) LNX02312-0037 R/924B VEH PREP/BRIEF <000>  
 /0543\* 10/97 (470671) LNX02312-0037 <000>  
 /0711\* 10/98 (470671) LNX02312-0037 <000>  
 /0711\* CLEAR (470671) ,LNX02312-  
 0037,,754,,,,,0370,,0600,0600,0700,,,,, <000>  
 /0715 \*\* ASSIGN/D (475469) LNX02312-0056 R/931 1358 97TH ST,LA  
 /0718\* ACK (470671) LNX02312-0056 <000>  
 /0745\* ENR (470671) LNX02312-0056 <000>  
 /0745\* 10/97 (470671) LNX02312-0056 <000>  
 /0747\* 10/98 (470671) LNX02312-0056 <000>  
 /0748\* CLEAR (470671) ,LNX02312-0056,,772,,,,,CHP ON SCENE CODE  
 4,,,,,0371,,,,, <000>  
 /0759\* INQ (470671) VEH,2EPW323,CA,,,,, <000>  
 /0759\* INQ (470671) VEH,2EPW323,CA,,,,, <000>  
 /0800\* INQ (470671) WANT9,,CA,HAVEN,DENNIS,,,,,M,B,,,,,042371,,,,, <000>  
 /0800 HIT ( ) IW S 470671 MDT0 ,CA0190099 ,HAVEN DENNIS , M B ,000 000 042371 000 CA ,  
 00000000 00000000 ,H 001 F 000 M 001 O 000 00 , N HAVEN DENNIS VANBURE ,M B 122371 600  
 240 BLK BRO ,LAM4 090502 \$1174 ,1611 N SCHAR ST HOLLYWOOD CA ,617471219420 RSTR A3887553  
 CA ,W M 40508A/VC M ,4000AIX/VC I \* ,4RWL898 CA , ,  
 /0802 ACK (297076) HIT  
 /0813\* INQ (470671) WANT9,,CA,BERRY,MARCUS,ANTJUAN,,,,,M,B,,,,,033181,,,,, <000>  
 /0813 HIT ( ) MKE/WANTED PERSON NAM/BERRY,RANDELL LARRY SEX/M RAC/B DOB/19820331 WGT/150  
 EYE/BRO HAI/BLK OLN/B600730488254 OLS/MI OFF/DANGEROUS DRUGS  
 /0813 ACK (195863) HIT  
 /0815 INQ (195863) VEH,31A,,,,,CA,,1FALP45XXTF145561,,,,,X  
 /0815 ACK (195863) RESP  
 /0816 ACK (195863) RESP  
 /0817 \*\* ASSIGN/B (475469) LNX02312-0067 P/927H 10910 WILTON PL,LA  
 /0817\* ACK (470671) LNX02312-0067 <000>  
 /0821\* ENR (470671) LNX02312-0067 <000>  
 /0823\* 10/97 (470671) LNX02312-0067 <000>  
 /0831\* 10/98 (470671) LNX02312-0067 <000>  
 /0842\* INQ (470671) VEH,,CA,,,,,1FMZU32EXWZA29284,,,,,X <000>  
 /0849 \*\* ASSIST/B (475469) LNX02312-0068 E/902R 2041 CULLIVAN ST,LA  
 /0849 CHGHD (475469) LNX02312-0068,31D/D->31A/D  
 /0849 ACK (409547) LNX02312-0068  
 /0849\* ENR (470671) LNX02312-0068 <000>  
 /0856\* 10/97 (470671) LNX02312-0068 <000>  
 /0923\* INQ (470671) VEH,2HMB760,CA,,,,, <000>  
 /0927\* INQ (470671) WANT9,,CA,BLOGSHAW,FLOYD,LEE,,,,,M,B,,,,,062458,,,,, <000>  
 /0928\* INQ (470671) WANT9,,CA,BLOODSHAW,FLOYD,LEE,,,,,M,B,,,,,062458,,,,, <000>  
 /0929 HIT ( ) MKE/WANTED PERSON - CAUTION NAM/BLOODSHAW,THEOPRIC KENT SEX/M RAC/B POB/LA  
 DOB/19570624 WGT/150 EYE/BRO HAI/BLK FBI/496721PA9 OFF/PAROLE VIOLATION - SEE MIS  
 /0929 ACK (277125) HIT  
 /1024\* INQ (470671) WANT9,,CA,BLOODSHAW,THEOPRIC,,,,,M,B,,,,,062457,,,,, <000>  
 /1024 HIT ( ) IW S 470671 MDT0 ,CA0190099 ,BLOODSHAW THEOPRIC , M B ,000 000 062457  
 000 CA , 00000000 00000000 ,H 001 F 000 M 001 O 000 00 , N BLEDSOE WILLIAM T JR ,M X

Report Date: 11/28/02

## UNIT HISTORY REPORT

Page 2 of 2

LENNOX

Unit: 31A Shift: 2 Shift Date: 11/08/02

010454 511 195 BRO BRO ,COM4 082602 \$277 ,2358 R 21ST ST SGH CA ,SD10539619800 RSTR  
 B0306426 CA ,W M 8537/PC M ,640B1/PC M ,PED CA ,  
 /1024 HIT () SEARCH REVEALS: HIT MADE ON NAM/BLOODSHAW,THEOPRIC KENT \*\* ARMED AND  
 DANGEROUS \*\* \*\*ARMED AND DANGEROUS\*\* FELONY WARRANT 5011 PAROLE VIOL  
 NAM/BLOODSHAW,THEOPRIC KENT 19570624 M B 506 150 BLK BRO POB/LA BAIL/NO BAIL  
 FCN/7040224901563 NIC/W883192088 ENTERED/CALIF-NCIC CII/A08953256 FBI/496721PA9  
 IMMEDIATELY CONFIRM WITH CA034035G DEPT OF CORR-  
 ID/WARRANTS MNE/CRNO TELEPHONE 916 445-6713 CHECKING NCIC INQUIRY MADE TO  
 RESTRAINING ORDER SYSTEM

/1024 HIT () HIT MADE ON NAM/BLOODSHAW,THEOPRIC K HIT # 001 DO NOT ARREST OR DETAIN BASED  
 SOLELY ON THIS RESPONSE CDC PAROLE RECORD NAM/BLOODSHAW,THEOPRIC K 19580624 M B.506 150

BRO BLK OLN/N9672705 HOME CITY/LOS ANGELES PRIMARY OFFENSE/H11350A DISCHARGE  
 DATE/99999999 AGENCY/CA DEPT OF CORRECTIONS MISC/PRIOR TO RELEASE, CONTACT AGEN T OR ID  
 WARRANTS AT (916)445-6713 P OSSIBLY AT LARGE MAY BE ADDITIONAL INFO FROM DOJ VCIN AT 916  
 227-4736 NUMBER OF PRIOR CONTACT MSGS/ 0 SEND CONTACT MESSAGE IDENTIFYING CO

/1024 HIT () MKE/WANTED PERSON - CAUTION NAM/BLOODSHAW,THEOPRIC KENT SEX/M RAC/B POB/LA  
 DOB/19570624 WGT/150 EYE/BRO HAI/BLK FBI/496721PA9 OFF/PAROLE VIOLATION - SEE MIS

/1025 ACK (277125) HIT

/1025 ACK (277125) HIT

/1025 ACK (277125) HIT

/1025 ACK (277125) HIT

/1156\* URN REQUEST (470671) X,4,0399,053,CR,S,BLOODSHAW,THEOPRIC,KENT,,M,B,,, <000>

/1157 URN () 402-11595-0399-053

/1157\* \*\* ASSIGN/D (470671) LNX02312-0126 R/925 CENTURYBL/LA SALLE AV,LA <000>

/1157\* HOLD (470671) LNX02312-0068 <000>

/1157\* 10/97 (470671) LNX02312-0126 <000>

/1157\* 10/15 (470671) <000>

/1433\* 10/98 (470671) LNX02312-0068 <000>

/1433\* CLEAR (470671) ,LNX02312-0068,,212,,,,,CONT VERCIL FB/A RE: JAMES M,ARTIN NOT  
 BREATHING. STA 14 ARRVD @TREATED JAMES PRNCD DEAD AT 0,833HRS JAMES SUFFRED FRM  
 CHRONIC,EMPHASYMA.,0373,,,,,0915,,,,, <000>

/1435\* CLEAR (470671) ,LNX02312-0067,,212,,,,,CONT WANDA FB/A RE: 927H ....,NO 927H C-  
 4,,,,,0373,,,,, <000>

/1440\* 10/98 (470671) LNX02312-0126 <000>

/1440\* CLEAR (470671) ,LNX02312-0126,,283,,,,,CONT THEO MB/A WAS COMBATIVE,AGAINST  
 US.CENTURY @ LASALLE ST,A 814 ARRVD TREATED THEO WE WENT,TO CENTINELA HOSP FOR  
 INJURIES,,,,,0372,00,,1150,1200,1400,,,,, <000>

/1442\* CHGENDMILES (470671) 000000 -> 39845 <000>

/1442\* CHGPATROL (470671) /000 -> 06/252 <000>

/1442\* LOGOFF (470671) <000>

/1442\* MDTOFF (470671) <000>

54 #1  
53

Discovery 2

| <u>Case No.</u> | <u>Code/Statute</u> | <u>Conv. Date</u> | <u>County of Court</u> | <u>State</u> | <u>Court Type</u> |
|-----------------|---------------------|-------------------|------------------------|--------------|-------------------|
| BA004642        | PC 459              | 12/27/1989        | LOS ANGELES            | CA           | SUPERIOR          |

It is further alleged as to count(s) 1 and 2 that said defendant(s), THEOPRIC KENT BLOODSAW, was on and about the 27TH day of DECEMBER, 1989, in the SUPERIOR Court of the State of CALIFORNIA, for the County of LOS ANGELES, convicted of a serious felony, to wit: 1ST DEGREE BURGLARY, in violation of section 459 of the PENAL Code, case BA004642 within the meaning of Penal Code Section 667(a)(1).

It is further alleged as to count(s) 1, 2, and 3 pursuant to Penal Code section 667.5(b) that the defendant(s), THEOPRIC KENT BLOODSAW, has suffered the following prior conviction(s):

| <u>Case No.</u> | <u>Code/Statute</u> | <u>Conv. Date</u> | <u>County of Court</u> | <u>State</u> | <u>Court Type</u> |
|-----------------|---------------------|-------------------|------------------------|--------------|-------------------|
| BA004642        | PC 459              | 12/27/1989        | LOS ANGELES            | CA           | SUPERIOR          |
| YA034031        | H&S 11350           | 10/07/1997        | LOS ANGELES            | CA           | SUPERIOR          |

and that a term was served as described in Penal Code section 667.5 for said offense(s), and that the defendant(s) did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term.

\* \* \* \* \*

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER YA053506, CONSISTS OF 3 COUNT(S).

Executed at INGLEWOOD, County of Los Angeles, on November 13, 2002.

DECLARANT AND COMPLAINANT

STEVE COOLEY, DISTRICT ATTORNEY

BY: VICTORIA L. ADAMS, DEPUTY

AGENCY: LASD - LENNOX PATROL I/O: MARK DET. RENFROW ID NO.: 274578 PHONE : 310-671-7531  
DR NO.: 402-11595-0399-053 OPERATOR: DCS PRELIM. TIME EST.: 2 HOUR(S)

| DEFENDANT               | CII NO.   | DOB       | BOOKING NO. | BAIL RECOM'D | CUSTODY RTN DATE |
|-------------------------|-----------|-----------|-------------|--------------|------------------|
| BLOODSAW, THEOPRIC KENT | 008953256 | 6/24/1957 | 7475221     | \$220,000    | 11/13/2002       |

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.



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FELONY COMPLAINT – ORDER HOLDING TO ANSWER – P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

(Strike out or add as applicable)

| <u>THEOPRIC KENT BLOODSAW</u> |              |                 |  |  |
|-------------------------------|--------------|-----------------|--|--|
| Count<br>No.                  | Charge       | Charge<br>Range | Special<br>Allegation                            | Alleg.<br>Effect                                       |
| 1                             | PC 245(c)    | 3-4-5           |  |  |
| 2                             | PC 243(c)(2) | 16-2-3          |  |  |
| 3                             | PC 422       | 16-2-3          |  |  |
|                               |              |                 | PC 1170.12(a)-(d)<br>PC 667(a)(1)<br>PC 667.5(b) | MSP Check Code<br>+5 yrs per prior<br>+1 yr. per prior |

I order that the defendant(s) be held to answer therefor and be admitted to bail in the sum of:

THEOPRIC KENT BLOODSAW \_\_\_\_\_ Dollars

and be committed to the custody of the Sheriff of Los Angeles County until such bail is given. Date of arraignment in Superior Court will be:

THEOPRIC KENT BLOODSAW \_\_\_\_\_ in Dept \_\_\_\_\_

at: \_\_\_\_\_ A.M.

Date: \_\_\_\_\_

\_\_\_\_\_  
Committing Magistrate

116 1452  
 44 54 57  
 56

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
 FOR THE COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,  
 Plaintiff,

v.

01 THEOPRIC KENT BLOODSAW (6/24/1957) (Bk#  
 7475221),

aka JONATHON BLEDSOE,  
 aka KENT THEOPRIC,  
 aka LARRY BOWMAN,  
 aka MARK BLOODSAW,  
 aka THEO BLOODSAW,  
 aka THEOPRIC BLOODSHAW,  
 aka THEOPRIC BLOODSOE

Defendant(s).

CASE NO. YA053506

*I N F O R M A T I O N*

Arraignment Hearing  
 Date: 12/18/2002  
 Department: SW G

**INFORMATION  
 SUMMARY**

| <u>Ct.<br/>No.</u> | <u>Charge</u> | <u>Charge<br/>Range</u> | <u>Defendant</u>        | <u>Special<br/>Allegation</u>                    | <u>Alleg.<br/>Effect</u>                               |
|--------------------|---------------|-------------------------|-------------------------|--|--|
| 1                  | PC 245(c)     | 3-4-5                   | BLOODSAW, THEOPRIC KENT | PC 1170.12(a)-(d)<br>PC 667(a)(1)<br>PC 667.5(b) | MSP Check Code<br>+5 yrs per prior<br>+1 yr. per prior |
| 2                  | PC 243(c)(2)  | 16-2-3                  | BLOODSAW, THEOPRIC KENT | PC 1170.12(a)-(d)<br>PC 667(a)(1)<br>PC 667.5(b) | MSP Check Code<br>+5 yrs per prior<br>+1 yr. per prior |
| 3                  | PC 422        | 16-2-3                  | BLOODSAW, THEOPRIC KENT | PC 1170.12(a)-(d)<br>PC 667.5(b)                 | MSP Check Code<br>+1 yr. per prior                     |

The District Attorney of the County of Los Angeles, by this Information alleges that:

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e 46  
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COUNT 1

On or about November 8, 2002, in the County of Los Angeles, the crime of ASSAULT UPON PEACE OFFICER OR FIREFIGHTER, in violation of PENAL CODE SECTION 245(c), a Felony, was committed by THEOPRIC KENT BLOODSAW, who did willfully and unlawfully commit an assault with a deadly weapon and instrument and by force likely to produce great bodily injury upon the person of DEP. SEAN HOODYE when said defendant(s), THEOPRIC KENT BLOODSAW knew and should have known that said person was a peace officer then and there engaged in the performance of his/her duties .

"NOTICE: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)."

"NOTICE: Conviction of this offense will require you to provide specimens and samples pursuant to Penal Code section 296. Willful refusal to provide the specimens and samples is a crime."

\* \* \* \* \*

COUNT 2

On or about November 8, 2002, in the County of Los Angeles, the crime of BATTERY WITH INJURY ON A PEACE OFFICER, in violation of PENAL CODE SECTION 243(c)(2), a Felony, was committed by THEOPRIC KENT BLOODSAW, who did unlawfully use force and violence and inflict an injury upon the person of DEP. BRAD SATO when said defendant(s), THEOPRIC KENT BLOODSAW knew and reasonably should have known that said person was a peace officer then and there engaged in the performance of duty.

"NOTICE: Conviction of this offense will require you to provide specimens and samples pursuant to Penal Code section 296. Willful refusal to provide the specimens and samples is a crime."

\* \* \* \* \*

4547 59  
+ 58  
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## COUNT 3

On or about November 8, 2002, in the County of Los Angeles, the crime of CRIMINAL THREATS, in violation of PENAL CODE SECTION 422, a Felony, was committed by THEOPRIC KENT BLOODSAW, who did willfully and unlawfully threaten to commit a crime which would result in death and great bodily injury to DEP. SEAN HOODYE, with the specific intent that the statement be taken as a threat. It is further alleged that the threatened crime, on its face and under the circumstances in which it was made, was so unequivocal, unconditional, immediate and specific as to convey to DEP. SEAN HOODYE a gravity of purpose and an immediate prospect of execution. It is further alleged that the said DEP. SEAN HOODYE was reasonably in sustained fear of his/her safety and the safety of his/her immediate family.

"NOTICE: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)."

It is further alleged pursuant to Penal Code sections 1170.12(a) through (d) and 667(b) through (i) as to count(s) 1, 2, and 3 that said defendant(s), THEOPRIC KENT BLOODSAW, has suffered the following prior conviction of a serious or violent felony or juvenile adjudication:

| <u>Case No.</u> | <u>Code/Statute</u> | <u>Conv. Date</u> | <u>County of Court</u> | <u>State</u> | <u>Court Type</u> |
|-----------------|---------------------|-------------------|------------------------|--------------|-------------------|
| BA004642        | PC 459              | 12/27/1989        | LOS ANGELES            | CA           | SUPERIOR          |

It is further alleged as to count(s) 1 and 2 that said defendant(s), THEOPRIC KENT BLOODSAW, was on and about the 27TH day of DECEMBER, 1989, in the SUPERIOR Court of the State of CALIFORNIA, for the County of LOS ANGELES, convicted of a serious felony, to wit: 1ST DEGREE BURGLARY, in violation of section 459 of the PENAL Code, case BA004642 within the meaning of Penal Code Section 667(a)(1).

It is further alleged as to count(s) 1, 2, and 3 pursuant to Penal Code section 667.5(b) that the defendant(s), THEOPRIC KENT BLOODSAW, has suffered the following prior conviction(s):

14-48  
 52-59  
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| <u>Case No.</u> | <u>Code/Statute</u> | <u>Conv. Date</u> | <u>County of Court</u> | <u>State</u> | <u>Court Type</u> |
|-----------------|---------------------|-------------------|------------------------|--------------|-------------------|
| BA004642        | PC 459              | 12/27/1989        | LOS ANGELES            | CA           | SUPERIOR          |
| YA034031        | H&S 11350           | 10/07/1997        | LOS ANGELES            | CA           | SUPERIOR          |

and that a term was served as described in Penal Code section 667.5 for said offense(s), and that the defendant(s) did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term.

\* \* \* \* \*

THIS INFORMATION CONSISTS OF 3 COUNT(S).

STEVE COOLEY  
 DISTRICT ATTORNEY  
 County of Los Angeles,  
 State of California

BY: \_\_\_\_\_  
 LAURIE BLAUSTEIN  
 DEPUTY DISTRICT ATTORNEY

Filed in Superior Court,  
 County of Los Angeles

/DCS

DATED: \_\_\_\_\_

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

LEGAL STATUS SUMMARY TYPE- D PSP \*\*\* DISCREPANT \*\*\* 08/12/2005 21:40

INMATE'S COPY

|                      |                                  |               |                         |
|----------------------|----------------------------------|---------------|-------------------------|
| CDC NUMBER<br>P20045 | NAME<br>BLOODSAW, THEOPRIC, KENT | ETHNIC<br>BLA | BIRTHDATE<br>06/24/1958 |
|----------------------|----------------------------------|---------------|-------------------------|

|                           |                            |                            |                              |                              |
|---------------------------|----------------------------|----------------------------|------------------------------|------------------------------|
| TERM STARTS<br>06/11/2003 | MAX REL DATE<br>11/27/2023 | MIN REL DATE<br>11/24/2019 | MAX ADJ REL DT<br>11/27/2023 | MIN ADJ REL DT<br>11/24/2019 |
|---------------------------|----------------------------|----------------------------|------------------------------|------------------------------|

|  |                        |
|--|------------------------|
| ASE TERM 10/00 + ENHCMNTS 11/04 = TOT TERM 21/04 | PAROLE PERIOD<br>3 YRS |
|--|------------------------|

PRE-PRISON + POST SENTENCE CREDITS

|          |         |         |         |          |         |       |       |           |     |
|----------|---------|---------|---------|----------|---------|-------|-------|-----------|-----|
| CASE     | P2900-5 | P1203-3 | P2900-1 | CRC-CRED | MH-CRED | P4019 | P2931 | POST-SENT | TOT |
| YA053506 | 185     |         |         |          |         | 92    |       | 28        | 305 |

REGISTRATION REQUIRED PER H11590  
PC296 DNA COMPLETED

| RECV DT/<br>CNT | COUNTY/<br>OFF-CODE | CASE<br>DESCRIPTION | SENTENCE DATE | CREDIT<br>CODE | OFFENSE<br>DATE |
|-----------------|---------------------|---------------------|---------------|----------------|-----------------|
|-----------------|---------------------|---------------------|---------------|----------------|-----------------|

CONTROLLING PRINCIPAL & CONSECUTIVE (INCLUDES ENHANCEMENTS/OFFENSES):

--CONTROLLING CASE --

|           |             |                                |           |               |              |
|-----------|-------------|--------------------------------|-----------|---------------|--------------|
| 6/11/2003 | LA          | YA053506                       | 5/13/2003 | NO STRIKES: 2 |              |
|           |             | 01 P667.5(B) PPT-NV            |           |               | 3            |
|           |             | 01 P667(A) 01 PFC SERIOUS      |           |               | 3            |
| 01        | P245(C)     | ADW ON PO OR FIREMAN<br>(U)WPN |           |               | 3 11/08/2002 |
| 02        | P243(C) (2) | BATT ON PO<br>(U)WPN           | CS        |               | 3 11/08/2002 |
| 03        | P422        | TERRORIST THREAT               | CS        |               | 3 11/08/2002 |
| 04        | P203        | MAYHEM                         | CS        |               | 3 11/08/2002 |
|           |             | ATT                            |           |               |              |
| 05        | P203        | MAYHEM                         | CS        |               | 3 11/08/2002 |
|           |             | ATT                            |           |               |              |

NON-CONTROLLING OFFENSES:

|            |         |                        |            |  |              |
|------------|---------|------------------------|------------|--|--------------|
| 11/24/1998 | LA      | YA034031               | 11/16/1998 |  |              |
| 01         | H11350A | POSS CONTROL/SUB<br>PR |            |  | 1 08/15/1997 |

| TRAN<br>TYPE | DATE | END DATE | LOG NUMBER | RULE<br>NUMBER | DAYS<br>ASSESS LOST REST DEAD |
|--------------|------|----------|------------|----------------|-------------------------------|
|--------------|------|----------|------------|----------------|-------------------------------|

|                     |                    |                          |
|---------------------|--------------------|--------------------------|
| BEG 11/24/1998      | *****BEG BAL*****  |                          |
| ADD 06/11/2003      | YA053506           |                          |
| BCL 10/23/2003      | IV3100472 3062 (H) | 30 30                    |
| ADD 06/11/2003      | YA053506           |                          |
| CURRENT PC BALANCE: | 0                  | CURRENT BC BALANCE: 1464 |

\*\*\*\*\* CONTINUED \*\*\*\*\*

CDC NUMBER

NAME

159 P20045

BLOODSAW, THEOPRIC, KENT

INMATE'S COPY



DEPARTMENT OF CORRECTIONS  
CALIFORNIA MEN'S COLONY  
SAN LUIS OBISPO, CA 93409

GRAY DAVIS, Governor



HEALTH INFORMATION SERVICES  
CALIFORNIA MEN'S COLONY  
P O BOX 8101  
SAN LUIS OBISPO CA 93409-8101

TO: *Theoprie K Blossman*  
*SA # 437-98-5537*

RE:

NAME: *Theoprie K. Blossman*  
CDC#: *E 40947 - archives 2-12-96*  
SSN#: *P 20045 - Reg III 8-9-02*  
DOB: *6-24-58*  
*6-24-58*

Receipt of a request for medical information on the above patient is acknowledged. Any items checked below are applicable to this request:

1. ☐ The above-named inmate is no longer housed at this institution. He is currently at \_\_\_\_\_
2. ☐ The above-named inmate's medical records have been sent to his paroling region:
  - ☐ Region I, P&CSD Case Records - North, 2015 Aerojet Rd, Rancho Cordova, CA, 95742, *ste P*
  - ☐ Region II, P&CSD Case Records - North, 2015 Aerojet Rd, Rancho Cordova, CA, 95742, *ste P*
  - ☒ Region III, P&CSD Case Records - South, 9160 Cleveland Avenue, Suite 101, Rancho Cucamonga, CA, 91730.
  - ☐ Region IV, P&CSD Case Records - South, 9160 Cleveland Avenue, Suite 101, Rancho Cucamonga, CA, 91730.
  - ☐ California Correctional Facility, Aerojet Campus, 2015 Aerojet Rd, Rancho Cordova, CA, 95742, *ste E*
3. ☒ The inmate has been discharged from the Department of Corrections. His records are stored in our Archives Unit. Their address is:

California Department of Corrections  
Departmental Archives Unit  
Aerojet Campus  
2015 Aerojet Rd, *ste D*  
Rancho Cordova CA 95742

Your request has been forwarded to the inmate's current institution, paroling region offices or Archives Unit. For future reference, make note of the address checked above and send all further inquiries to that institution.

Sincerely,

*Mr. Blossman, under CDC # E 40947 your records were sent to archives when you were discharged from parole in 2-96. Under CDC # P 20045 your records were forwarded to your parole region III. We have forwarded your request to both places so that you will receive records for them both.*

Health Information Services,  
Correspondence

*Shane, #RTI*

EXHIBIT

C

NO: P-20045

Custody: CLO BS

RelDate: EPRD 12/24/19

Case 5:08-cv-03855-JF

Document 1-2

Filed 08/12/2008 Page 23 of 50

CDCR 128G (Rev. 12/91)

NAME: BLOODSAW, Theopric

CS: 87 (IV) C/C EFF 8/3/05

Reclass: 6/2006

HSG: A2-109L

Assignment: U/A

Action: AFFIX "S" SUFFIX; RETAIN C/C

3 59 64

Inmate Bloodsaw appeared before PBSP FAC A UCC on this date for Program Review. Prior to Committee, D. Melton was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reasons: CCCMS level of care, and S's current RGPL is 4.0 or less. Committee effectively communicated with S as noted: Short sentences using simple English. Committee noted S has an RGPL of 3.3. Effective communication was achieved, and S appeared to understand. This Program Review is being held for the two following reasons: (1) Review for "S" suffix placement; and (2) Address prior D1/D and/or C/C status. S was asked if he was willing to take a cellie and program, and S stated, "No." Committee noted S has no cellmate and the "S" custody suffix has not previously been applied. **Committee acts to affix the "S" suffix, due to S adamantly refusing to take a cellie and program.** S was advised that the "S" suffix can be taken off when he decides to program and adhere to CDC rules and regulations of double celling. Committee notes that ICC of 6/22/05, assigned S to WG/PG D1/D when placed in AD-SEG. Per memo of 9/17/04, any I/M who is placed in AD-SEG while on C/C status shall be assigned to WG/PG D2/D. This shall be assigned whether or not the move was adverse or non-adverse. **Committee acts to clear this error and make S D2/D effective 6/10/05 through 8/2/05, then C/C 8/3/05 until present UCC.** As S is adamantly refusing to program, **Committee acts to retain S on WG/PG C/C.** Committee further acts to continue custody level at CLO BS, with WG/PG C/C effective 8/3/05. S participated in Committee, acknowledged understanding, and agreed with Committee action, stating, "I refuse to take a cellie. I'm telling you straight up, I'm a Crip." S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC Form 128G Classification chrono or not. Next scheduled Committee will be in 6/2006, for Annual Review.

CHAIRPERSON: D. SWEARINGEN/FC(A)

S. WALCH/CCI(A)

RECORDED: M. THORNTON/CCI

CC: ☐OBIS ☐CSR ☐IGI ☐PSYCH ☐MED ☐C&PR ☐OTHER

Committee Date: 10/18/05

(THORNTON/jw)

Classification

FAC-A UCC/REVIEW

☒128-C2 in C-file

Inst: PBSP

orig

Custody: CLO BS

CS: 93 (IV)

C/C Eff. 07/14/04

Reclass: 10/25/06

Housing: B8-209

Assignment: VUN

Action: PLACE IN BMU PROGRAM FOR 90 DAYS, ON  
STEP 1 OF ITP FOR 30 DAYS. CONTINUE C/C  
EFFECTIVE 07/14/06.

Inmate Bloodsaw appeared before PBSP FAC B BMU UCC on this date for Annual/Initial Review. Committee notes CDC 128C, Madrid Exclusionary chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File. Prior to Committee, Correctional Counselor I Webster was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reasons: most current RGPL under 4.0. Committee notes S has an RGPL of 3.3. Effective communication was achieved using short sentences and simple English, and S appeared to understand. Committee notes S's reason for Behavior Modification Unit (BMU) placement is due to: S was deemed a program failure defined by the CCR, Title 15, Section 3000. S is determined to be compatible with another inmate and refuses to voluntarily double cell, or refuses to participate in the racial integration policy as defined in the Johnson v. State of California settlement agreement. UCC notes latest RVR dated 03/28/05 for Refusal to Obey Orders (refused a cellmate). The Director's rules, PBSP expectations, and specific privileges and non-privileges of WG/PG C/C were thoroughly explained. Grooming standards and PBSP expectations were discussed and S stated he was willing to comply. Committee notes S has one new 115 this review period; fro Refusal to Obey Orders dated 02/23/06 (S refused to return to his assigned cell). Placement score is increased by 2 points to a current Level IV score of 93 points. Mandatory score of 19 is noted for VIO. S was advised to notify staff immediately of any enemy situation which may arise. Committee noted S has no cellmate, and the "S" suffix has previously been applied. S is approved for 270 design facilities. There have been changes in S's commitment case factors since Initial Classification chrono dated 03/02/04. Committee acts to place S into the BMU program for 90 days and place on step # 1 of Individual Treatment Plan (ITP) for 30 days. S was advised of his ITP which includes the basic requirement that he remain disciplinary free for 90 days prior to any consideration for his release from BMU and his completion of the selected behavior modification assignments. Continue WG/PG C/C status effective 07/14/06, and continue at CLO BS custody. Committee also acts to retain "S" suffix due to UCC action dated 10/18/05. S adamantly refused to double cell. UCC notes S is reviewed and cleared for double celling although he refused to double cell. S participated, acknowledged understanding, and disagreed with Committee action, stating "I won't take a cellie because of legal work and medical issues. I am here illegally. I am disabled, I have spine issues." UCC stated single cell status is not a ADA issue. S continued stating, "There is nothing wrong with me. I know what I am doing, but I am disabled. I could not care about the US." UCC stated you have to appeal to the courts. S lastly stated "I have been discriminated against as a Black man." UCC notes S walked unassisted to UCC, sat upright, straddling a chair, and did not grimace when he stood back up to exit the Committee room. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 complied with. S was advised of Committee's decision and his right to appeal. The inmate has been advised that any appeal of this committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128-G classification chrono or not. Next scheduled Committee will be on 10/25/06 for Program Review.

CHAIRPERSON: M. FOSS/NC

J. ROBERTSON/CCII

S. ROBERTS/EDUCATION

RECORDER: D. MELTON/CCI

☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ OTHER

Committee Date: 09/21/06

(MELTON/ew)

Classification

FAC-B BMU UCC

INITIAL REVIEW

Inst: PBSP

NO: P-20045

Custody: CLO B

RelDate: EPRD 12/24/2019

NAME: BLOODSAW, Theopric

CS: 93 (IV)

C/C EFF: 07/14/04

Reclass: 01/31/07

BED/CELL: B8 -209

Assignment: BMU

Action: REAFFIRM BMU PLACEMENT. RETAIN STEP  
# 1 OF ITP FOR 30 DAYS. CONTINUE  
WG/PG C/C EFFECTIVE 07/14/04.  
D/C CLEAR.

Inmate Bloodsaw appeared before PBSP FAC B Behavior Modification Unit (BMU) UCC on this date for 30 day Program Review. Committee notes CDC 128C, Madrid Exclusionary Chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File and is clear noting NCF. Committee notes S has RGPL of 3.3. Committee notes S has RGPL of 3.5. Prior to Committee Correctional Officer Thom was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reason: S's current RGPL is 4.0 or less. Effective communication was achieved using short sentences and simple English, and S appeared to understand. S was advised to notify staff immediately of any enemy situation that may arise. Grooming standards and Pelican Bay State Prison (PBSP) BMU expectations were discussed. S can be housed with Black ethnic groups. Committee notes S is cleared for double celling per PBSP's current double celling criteria, although he refuses to accept a cellie. S is approved for 270' design facilities. Placement score is noted to be 93 Level IV points. Committee further notes S was initially placed into the BMU program on 09/21/06, based on: **S was deemed a program failure per the CCR, Title 15, Section, 3000.** Committee notes S has received RVR's dated 12/12/06, 12/15/06, 12/26/06, and 212/29/06, for Refusing to Participate in BMU classes during this 30 day period. S has failed to meet the necessary requirements of Step # 1; therefore, is not eligible to graduate to Step # 2. **Step # 1 Privileges** include, but are not limited to:

- ❖ WG/PG C/C status.
- ❖ Emergency telephone call only.
- ❖ One-quarter the monthly canteen draw allowance, not to exceed \$ 45.00.
- ❖ A minimum of 10 hours out-of-cell time per week, which includes, dayroom, workshops (ITP classes), and self-help group activities as limited by physical design and local institution security and facility needs.
- ❖ Non-contact visits, if eligible; and with approved visitors only.
- ❖ If the inmate meets the goals of the ITP he will graduate to step # 2.

Committee acts to reaffirm S's placement in the BMU program and retain Step # 1 of the Individual Treatment Plan (ITP) for approximately 30 days. Committee further acts to continue WG/PG C/C status effective 07/14/04, and continue at CLO B custody. S was reviewed and cleared for double celling, noting no history of in-cell violence. S participated in Committee, acknowledged understanding, and disagreed with Committee action, stating "I am nobody's child. I am 48 years old. I'm not going to the classes; I have a choice not to go!" S has been advised that he must remain disciplinary free and complete the selected behavior modification assignments as directed, prior to being considered for release from the BMU to the general population (GP). S's case will be reviewed by UCC, in approximately 30 days for future program modifications. S is eligible to work around computers, computer systems, or to be in areas that may have access to personal information, per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 has been complied with. S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128G, classification chrono, or not. Next scheduled 30 day Program Review will be on 01/31/07. Next scheduled Annual Review will be in 06/07.

CHAIRPERSON: J. ROBERTSON/FC (A)

J. BROWMAN/CCII (A)

S. ROBERTS/EDUCATION

RECORDER: D. MELTON/CCI

☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ OTHER \_\_\_\_\_

Committee Date: 01/03/07

(MELTON/ew)

Classification

BMU/UCC

PROGRAM REVIEW

Inst: PBSP

orig.

CDCR#: P-20045

Custody: CLOB

Rel Date: EPRD 12/24/2019

NAME: BLOODSAW, Theopric

CS: 93 (IV)

C/C Eff. 07/14/04

Reclass: 02/27/07

Housing: B8-209L

Assignment: BMU STEP #1

**Action: REAFFIRM BMU PLACEMENT  
90 DAYS. RETAIN ON STEP # 1  
30 DAYS. CONTINUE WG/PG  
C/C EFF. 07/14/04. D/C CLEAR**

Inmate Bloodsaw refused to appear before PBSP FAC-B Behavior Modification Unit (BMU) UCC on this date for 30 Day Program Review. Committee notes CDC 128C, Madrid Exclusionary Chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File and is clear noting NCF. Committee notes S has an RGPL of 3.3. Prior to Committee, Correctional Officer J. Thom was assigned as Staff Assistant, interviewed S at least 24 hours prior to UCC, per CCR, Title 15, Section, 3315(d)(2)(A) and was present during Committee. The Staff Assistant was assigned based on S's current RGPL is 4.0 or less. S is advised, via this chrono, to notify staff immediately of any enemy situations that may arise. Grooming standards and Pelican Bay State Prison (PBSP) expectations were discussed. S is cleared for double celling per PBSP's current double cell policy, and can be celled with Black ethnic groups, although he refuses to accept a cellie. Committee further notes that S has no current cellmate, and the "S" custody suffix has not been previously applied. S is approved for 270' design facilities. Placement score is noted to be 93 Level IV points. Committee further notes S was initially placed into the BMU program on 09/21/06, based on: **S was deemed a program failure defined by the CCR, Title 15, Section, 3000.** Committee notes that since S's prior 30 day Program Review, he received RVR dated 01/22/07, for Recurring Failure to Meet Program Expectations. S has also refused to participate in the required BMU ITP classes, dated, 01/18/07 and 01/19/07. Based on the above information, UCC is in mutual agreement that S has not met the necessary requirements of Step # 1, and therefore, is not eligible to graduate to Step #2. Step # 1 Privileges include, but are not limited to:

- ❖ WG/PG, C/C status for approximately 30 days.
- ❖ Emergency telephone calls only.
- ❖ One-quarter (1/4) the monthly canteen draw allowance, not to exceed \$45.00.
- ❖ A minimum of 10 hours out-of-cell time per week, which may include dayroom, workshops (ITP classes) and self-help-group activities, as limited by physical design and local institution security and facility needs.
- ❖ Non-contact visits, if eligible; with approved visitors only.

Committee acts to reaffirm S's placement in the BMU program and retain on Step # 1 of the Individual Treatment Plan (ITP) for approximately 30 days. Committee also acts to continue WG/PG, C/C status effective 07/14/04, and continue at CLOB custody. S was reviewed and cleared for double-celling, noting no history of in-cell violence. S is advised, via this chrono, that he must remain disciplinary free, including any 128-A Counseling Chronos, and complete the selected behavior modification assignments as directed, prior to being considered for release from the BMU to the General Population (GP). S's case will be reviewed in approximately 30 days to establish future program modifications. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 have been complied with. S was advised, at the completion of UCC, via the staff assistant, of Committee's decision and his right to appeal, and S appeared to understand. Next 30 day Program Review will be on 02/27/07. Next Annual Review in 06/07.

CHAIRPERSON:

M. FOSSA

J. ROBERTSON/CCI I

S. ROBERTS/EDUCATION

RECORDED: D. MELTON/CCI

☐ OBIS ☐ CSR ☐ IGI ☐ PSYCH ☐ MED ☐ OTHER

Committee Date: 01/30/07 (MELTON)

Classification

BMU/UCC

PROGRAM REVIEW

Inst: PBSP



NO: P-20045 NAME: BLOODSAW, THEOPRIC  
Custody: MAX PS: 119 Level: IV WG/PG: D1/D EFF: 09/13/07 Assignment: ASU MERD 04/12/08  
Rel Date: EPRD 09/02/2021 Reclass: 03/05/2008 Action: FORFEIT 90-DAYS GCC MAX, MERD 04/12/08; REFER TO CSR RX TX EXTENSION  
BPH Rev: 0 TO PBSP SHU

RECOMMENDED ACTION: Refer to CSR recommending transfer extension to PBSP-SHU.

ADMINISTRATIVE PLACEMENT FACTORS: Inmate BLOODSAW refused to appear and was reviewed in absentia by PBSP AD-SEG, ICC on this date for Subsequent Review.

ADMINISTRATIVE PLACEMENT DUE PROCESS:

DISCUSSION: Committee notes S is currently endorsed for transfer to PBSP-SHU to serve a determinate SHU term due to RVR dated 04/12/07, Battery on a Peace Officer. Committee elects to forfeit 90-days of Good Conduct Credit due to RVRs dated 10/25/07, Disrespect without Potential for Violence and RVR dated 10/03/07, Refusal to Obey Orders, resulting in a MAX MERD 04/12/08. Committee also notes the transfer for PBSP SHU will expire on 12/07/07. STAFF ASSISTANCE: More than 24 hours prior to Committee, Correctional Officer D. Harlow was assigned as SA. The SA was assigned as S has no documented reading level or his reading level is below 4.0.

MENTAL HEALTH REVIEW: ICC notes 128-C, dated 05/21/07, noting S is not a participant in the MHSDS level of care. S does not meet PBSP-SHU exclusionary criteria.

DA ACTION: N/A

CELL STATUS: S is cleared for double celling.

YARD STATUS: Committee acts to place S on Walk Alone Yard Status, Individual Exercise Yard, based upon case factor review.

COMMITTEE ACTION: Committee acts to refer to the CSR recommending transfer extension to PBSP-SHU. This is an adverse transfer. Upon transfer, S's custody will be MAX, WG/PG D1/D effective 09/13/07, and single cell housing will not be required.

INMATE COMMENTS: Did not appear.

APPEAL RIGHTS: As S's case was reviewed in absentia, he will be advised of his rights via this chrono.

CHAIRPERSON: F. JACQUEZ/GDW

RECORDER:

S. O'DELL/CCII

COMMITTEE MEMBERS: M. FOSS/CAPT.

J. PASCOE/PHD

DATE: 12/05/2007

ASU INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

orig.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
CDCR 128G (REVISED 4/07)

59  
NO: P-20045 NAME: BLOODSAW, THEOPRIC  
Custody: MAX PS: 133 Level: IV WG/PG: D1/D EFF: 09/13/2007 Assignment: ASU MERD 04/12/2008  
Rel Date: EPRD 12/01/2021 Reclass: 06/12/2008 Action: RETAIN SHU INDET STATUS UPON EXPIRATION OF MERD; REFER TO CSR RX  
BPH Rev: 0 TX PBSP/COR SHU

**RECOMMENDED ACTION:** Retain in SHU indeterminate status upon expiration of MERD. Refer to CSR recommending transfer PBSP/COR SHU.

**ADMINISTRATIVE PLACEMENT FACTORS:** Inmate BLOODSAW refused to appear before PBSP AD-SEG, ICC on this date for Pre-MERD Review. Pursuant to CCR 3336 the Reason for Placement (Part A) is: S is serving a determinate SHU term due to RVR 04/12/07, Battery on a Peace Officer, with a MERD of 04/12/2008.

**DISCUSSION:** Committee notes S is endorsed for transfer to PBSP SHU. Due to the lack of SHU bedspace S has remained in ASU on Active MERD. Committee reviewed S's disciplinary history which includes two RVR's that resulted in determinate SHU terms. S has been found guilty of RVR's dated 08/11/99, Attempted Battery on a Peace Officer, 04/12/07, Battery on a Peace Officer 12/19/07, Indecent Exposure and numerous RVR's for recurring Failure to Meet Program/Work Expectations. Committee views S's refusal to appear at ICC for his Pre-MERD Review, as another example of his refusal to program. Committee deems S's presence in GP poses an unacceptable risk to the safety of others and the security of the institution. Committee acts to retain S on SHU Indeterminate status upon expiration of MERD.

**STAFF ASSISTANCE:** More than 24 hours prior to Committee, Correctional Officer J. Kay was assigned as SA. The SA was assigned as S has no documented reading level or his reading level is below 4.0.

**MENTAL HEALTH REVIEW:** ICC notes CDCR 128-C, dated 06/27/01, noting S is not a participant in the MHSDS level of care.

**DA ACTION:** N/A

**CELL STATUS:** S is cleared for double celling.

**YARD STATUS:** Committee acts to place S on Walk Alone Yard Status, Individual Exercise Yard, based upon case factor review.

**COMMITTEE ACTION:** Committee acts to refer this case to the CSR with recommendation for transfer to PBSP, with alternate of COR, for SHU placement. This is an adverse transfer. Upon transfer, S's custody will be MAX; WG/PG D1/D effective 09/13/07 and single cell housing will not be required.

**INMATE COMMENTS:** N/A

**APPEAL RIGHTS:** As S's case was reviewed in absentia, he will be advised of his rights via this chrono.

**CHAIRPERSON:** F. JACQUEZ/CDW

**RECORDER:**

S. O'DELL/CCII

**COMMITTEE MEMBERS:** R. BELL/FC

J. PASCOE/PHD

**DATE:** 03/12/2008

ASU INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

NO: P-20045 NAME: BLOODSAW, THEOPRIC  
Custody: CLO-B PS: 133 Level: IV WG/PG: A2/B EFF: 04/13/08 Assignment: SS, FS W/L  
Rel Date: EPRD 12/01/2021 Reclass: 04/25/08 Action: ASSESS/SUSPEND 6-MONTH SHU TERM RVR 12/19/07; REFER TO CSR  
BPH Rev: NA AUDIT/REVIEW; RELEASE PBSP-IV B FAC ESTABLISH CLO-B CUSTODY WG/PG  
A2/B EFF 04/13/08; FS, SS W/L; REFER BMU REVIEW

RECOMMENDED ACTION: Refer to CSR for audit/review.

ADMINISTRATIVE PLACEMENT FACTORS: Inmate BLOODSAW refused to appear before PBSP AD-SEG, ICC on this date for Subsequent Review. Committee notes S currently housed in ASU without being issued a CDCR 114-D.

DISCUSSION: S was previously housed at PBSP SHU serving a determinate SHU term due to an RVR dated 04/12/07, Battery on a Peace Officer. At the expiration of a 04/12/08 MERD, S was moved to ASU. Committee notes a CSR action dated 03/25/08 referred the case to the CDW. The CSR noted an RVR dated 12/19/07, for Indecent Exposure had not been assessed a SHU term as required per the CSRs. Committee also notes ICC action dated 03/12/08 retained S on Indeterminate status due to S's disciplinary history. ICC acts to rescind ICC action dated 03/12/08. C-File reflects S was found guilty of the following: RVR dated 12/19/07, Log #E07-12-0003, CCR #3007, a DIV-D offense, for the specific offense to Indecent Exposure, resulting in 90-days loss of credit. This offense warrants a SHU term; therefore Committee acts to assess a 6-month concurrent SHU term and refer to CSR for audit and review. No aggravating factors were noted. The SHU term was not mitigated due to prior disciplinary history. S's WG/PG will be D2/D effective 12/19/07 for period of credit forfeiture per CCR #3045.1, then WG/PG D1/D will be applied. Suspended MERD for this offense is 05/04/08.

STAFF ASSISTANCE: More than 24 hours prior to Committee, Correctional Officer J. Kay was assigned as SA. The SA was assigned as S has no documented reading level or his reading level is below 4.0.

MENTAL HEALTH REVIEW: ICC notes CDCR 128-C, dated 04/02/08, noting S is not a participant in the MHSDS level of care.

DA ACTION: NA

CELL STATUS: S is cleared for double celling.

YARD STATUS: GP

COMMITTEE ACTION: Release to the GP on FAC-B only. C-File reflects S was found guilty of the following: RVR dated 12/19/07, Log #E07-12-0003, CCR #3007, a DIV-D offense, for the specific offense to Indecent Exposure, resulting in 90-days loss of credit. This offense warrants a SHU term; therefore Committee acts to assess and suspend a 6-month concurrent midrange SHU term for Indecent Exposure. MERD for this offense is 05/04/08. No aggravating nor mitigating factors were noted. Refer to CSR for audit and review. S's WG/PG will be D2/D effective 12/19/07 for period of credit forfeiture per CCR #3045.1, then WG/PG D1/D will be applied.

Refer for BMU placement, establish CLO-B custody, and WG/PG A2/B, effective 04/13/08, and place on the SS, FS waiting lists.

INMATE COMMENTS: NA

APPEAL RIGHTS: As S's case was reviewed in absentia, he will be advised of his rights via this chrono.

CHAIRPERSON: M. COOK/CDW(A)

RECORDER:

S. O'DELL/CCII

COMMITTEE MEMBERS: R. BELL/FC

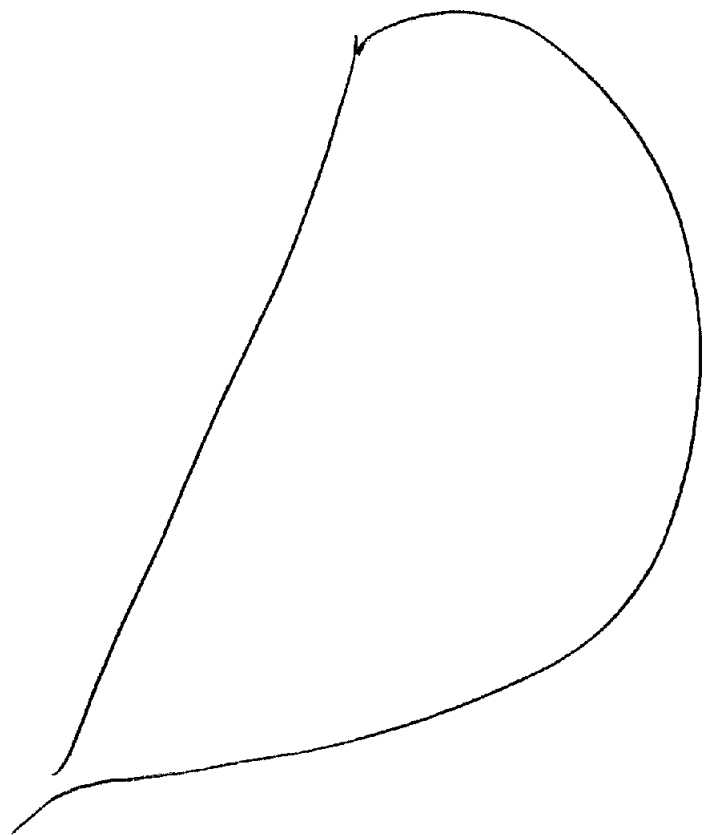
C. GLINES/PHD

DATE: 04/16/2008

ASU INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

EXHIBIT





**X-RAY REPORT**  
**DEPARTMENT OF CORRECTIONS**  
**PELICAN BAY STATE PRISON**  
**HEALTH CARE SERVICES**

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 05/10/07

EXAM REQUESTED: CERVICAL SPINE THREE VIEWS

REQUESTING M.D.: PCP CLINIC

CLINICAL DATA: HISTORY OF NECK PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE THREE VIEWS

FINDINGS: This study is compared with films taken in June of 2005.

There is no obvious soft tissue swelling or calcifications. There is a focal reversal of the normal cervical lordosis with the apex this reversal is centered at C5. Mild arthritic changes are noted at C4-5. Moderate arthritic changes bordering on severe are noted at C5-6 and C6-7. At these levels there is endplate sclerosis, osteophyte formation and joint space narrowing. Lateral mass arthritic changes are noted at disc spaces above this. There is an unusual appearance of the symphysis of the mandible perhaps this is posttraumatic. This is probably unchanged from the preceding study. The degree of arthritic changes in the mid and lower cervical spine is thought to be mildly progressive when compared to the previous study in 2005.

**IMPRESSION:**

1. FOCAL MODERATE DEGENERATIVE ARTHRITIC CHANGES OF THE MID AND LOWER CERVICAL SPINE, I BELIEVE THEY ARE MILDLY PROGRESSIVE WHEN COMPARED TO THE PRECEDING STUDY.
2. FINDINGS AT C5-6 MAY BE CHARACTERIZED AS SEVERE.
3. I BELIEVE THAT THERE IS A POSTTRAUMATIC DEFORMITY OF THE SYMPHYSIS OF THE MANDIBLE THAT IS STABLE WHEN COMPARED TO THE PREVIOUS STUDY.

*PTC*

05/15/07  
DATE READ

PHILIP GRIMM, M.D.  
RADIOLOGIST

DLK  
TRANSCRIBER

California State Prison Corcoran

**RADIOLOGY REPORT**

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 12/17/92

DOCTOR: Hoffman HOUSING: 4B

SKULL SERIES, C-SPINE.

HISTORY: Blow to head 1977. Dizziness daily since.

SKULL SERIES.

I see no fracture, sinuses clear.

IMPRESSION: Unremarkable skull series.

CERVICAL SPINE.

Films continue to show loss of normal cervical lordosis. There is narrowing of the C-5/6 disc with some straightening of curvature at this level, no change since previous, no fractures or destructive processes seen.

IMPRESSION: Abnormal C-5/6 interspace. No other significant findings identified.

  
\_\_\_\_\_  
Mario Deguchi, M.D./Jay Grauman, M.D. 

Dictated: 12/22/92 ls/JG  
Original: Medical Chart  
cc: X-Ray Jacket



California State Prison Corcoran

**RADIOLOGY REPORT**

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 10/20/92  
 DOCTOR: Brown HOUSING: 4B

**CERVICAL SPINE FILM SERIES WITH OBLIQUES.**

Radiographic examination of the cervical spine was obtained. There is either a superimposed position artifact or non-displaced fracture at the lateral left lateral corner of C-1. It is visible on the frontal projection. Further evaluation by obtaining follow-up radiographic examination may be of value. Otherwise there is no evidence of acute fracture or dislocation. Vertebral body statures are well maintained. Narrowing of C-5/C-6 intervertebral disc space with osteophytes is appreciated. This is consistent with degenerative disc disease. Neural canal are patent. Prevertebral soft tissue structures appear unremarkable. Mild reversal of cervical curvature is noted. This may be secondary to positioning or muscle spasms.

IMPRESSION: (1) Reversal of cervical curvature. (2) Degenerative disc disease. (3) Fractures verses superimposed position artifact of C-1 as described, Follow up Lateral + open mouth view Rx.

WM  
 Mario Deguchi, M.D./Jay Grauman, M.D.

Dictated: 10/22/92 ls/MD  
 Original: Medical Chart  
 cc: X-Ray Jacket

X-RAY REPORT

DEPARTMENT OF CORRECTIONS  
CORRECTIONAL TRAINING FACILITY

NAME: BLOODSAW, THEOPRIC CDC #: P-20045 CELL: D4/025U DOB: 06/24/58 DATE: 02/26/99

EXAM REQUESTED:  
PA AND LATERAL CHEST

CLINICAL DATA:  
OLD GSW, LEFT THORAX

REFERRING PHYSICIAN:  
D. GINES, M.D.

RADIOGRAPHIC REPORT:

CHEST: PA AND LATERAL VIEWS OF THE CHEST ARE OBTAINED ON 02/26/99.

MULTIPLE METALLIC FRAGMENTS ARE NOTED OVERLYING AND WITHIN THE UPPER LEFT HEMITHORAX, CONSISTENT WITH A PREVIOUS GUNSHOT INJURY. BOTH LUNGS ARE WELL EXPANDED AND CLEAR. THERE IS NO EVIDENCE OF ANY ACTIVE PULMONARY PATHOLOGY. THE HEART IS NORMAL IN SIZE AND CONTOUR. THERE IS NO MEDIASTINAL ADENOPATHY.

IMPRESSION:

THERE IS EVIDENCE OF A PREVIOUS OLD GUNSHOT INJURY INVOLVING THE LEFT UPPER HEMITHORAX. NO ACTIVE CARDIOPULMONARY PATHOLOGY IS SEEN. THERE ARE NO PREVIOUS FILMS AVAILABLE FOR COMPARISON.

03/02/99  
DATE READ

NELSON PARKER, M.D.  
RADIOLOGIST

NHP/gj  
DATE TYPED: 04/07/99

NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90  
X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation.  
There are several bullet fragments overlying the soft tissues lateral to  
the left hip joint space and suggested slight increased narrowing of the  
left hip joint space medially.

RJB: ck  
d: 12/18/90  
t: 12/18/90

AS  
ROBERT J. BEMRICK, M.D.  
RADIOLOGIST

S.C.C. X-RAY REPORT

NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90  
 X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation.  
 There are several bullet fragments overlying the soft tissues lateral to  
 the left hip joint space and suggested slight increased narrowing of the  
 left hip joint space medially.

RJB: ck  
 d: 12/18/90  
 t: 12/18/90

ROBERT J. BEMRICK, M.D.  
 RADIOLOGIST

S.C.C. X-RAY REPORT

NAME Bloodsaw NUMBER E40947 AGE 31 DATE 2/16/90  
 X-RAY REQUESTED Upper GI Series PHYSICIAN F. J. Foster, M.D.

REPORT:

The preliminary film of the abdomen shows no evidence of acute intra-abdominal  
 disease or other significant abnormality except for a developmental or possibly  
 old minor post-traumatic deformity involving the right transverse process of  
 the fourth lumbar vertebra.

The examination was performed without the aid of fluoroscopy. There appears to  
 be increased prominence of the partially visualized distal antral and pyloric  
 folds and there is deformity of the duodenal bulb with inflammatory thickening  
 of the duodenal bulb and post-bulbar folds. The visualized upper intestinal tract  
 is otherwise within normal limits and shows no evidence of peptic ulceration.

CONCLUSIONS: Findings consistent with nonerosive antral gastritis and duodenitis.  
 No evidence of peptic ulceration involving the upper intestinal  
 tract.

B: ck  
 2/27/90  
 3/2/90

Robert J. Bemrick, M.D.  
 Radiologist

S.C.C. X-RAY REPORT



**X-RAY REPORT**  
**DEPARTMENT OF CORRECTIONS**  
**PELICAN BAY STATE PRISON**  
**HEALTH CARE SERVICES**



8/17  
Flu

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A4-226 DOB: 06/25/58 DATE: 07/23/04

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: HISTORY OF PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE


FINDINGS: There is mild a reversal of the normal cervical lordosis.

Moderate degenerative disc disease is noted at the C5-6 and C6-C7 levels manifest by disc space narrowing and marginal osteophyte formation.

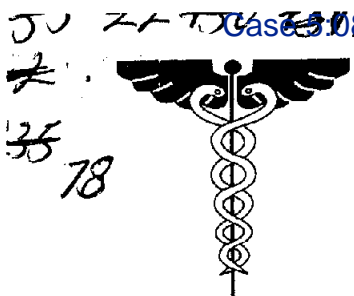
IMPRESSION: MODERATE DEGENERATIVE DISC DISEASE AT C5-6  
AND C6-C7.

ORIGINAL

07/28/04  
DATE READ

  
CURTIS COULAM, M.D.  
RADIOLOGIST

DLK  
TRANSCRIBER



**X-RAY REPORT**  
**DEPARTMENT OF CORRECTIONS**  
**PELICAN BAY STATE PRISON**  
**HEALTH CARE SERVICES**

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Comparison to a previous study dated 7/23/04.

On the current study the soft tissues are unremarkable.

There is a mild reversal of the cervical lordosis centered at C5-6. There is mild anterior subluxation of C4 with respect to C5 which was not present on the previous study.

Degenerative discs at C5-6 and C6-7 again noted and show little change compared to the previous study.

- IMPRESSION:**
1. REDEMONSTRATION OF DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 WHICH APPEAR STABLE.
  2. THERE IS MILD ANTERIOR SUBLUXATION OF C4 WITH RESPECT TO C5 OF APPROXIMATELY 2 MM WHICH WAS NOT SPECIFICALLY PRESENT ON THE FILMS OF 7/23/04.

ON THE OBLIQUE VIEWS POSTERIOR OSTEOPHYTES PARTIALLY ENCROACH ON THE INTERVERTEBRAL FORAMINA AT THE C5-6 LEVEL BILATERALLY.

02/22/05  
DATE READ

C  
CURTIS COULAM, M.D.  
RADIOLOGIST

3-15-05

BGR  
TRANSCRIBER



54 70  
79  
24  
7



**X-RAY REPORT**  
**DEPARTMENT OF CORRECTIONS**  
**PELICAN BAY STATE PRISON**  
**HEALTH CARE SERVICES**



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: 3 VIEW LUMBAR SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: 3 VIEW LUMBAR SPINE

FINDINGS: The lumbar vertebra are normally aligned and the disc spaces are well maintained. No compression fractures are evident. There are no arthritic changes.

IMPRESSION: NORMAL LUMBAR SPINE.

EXAM REQUESTED: LEFT HIP

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: LEFT HIP

FINDINGS: 4-5 tiny metallic fragments are noted in the soft tissues lateral to the hip joint. These all appear to be extra articular.

The femoral head is normally developed and normally located in the acetabulum. The joint space is well preserved. No significant arthritic changes are evident.

IMPRESSION: TINY METALLIC FOREIGN BODIES IN THE SOFT TISSUES LATERAL TO THE HIP. THE HIP, PER SE IS UNREMARKABLE.

*[Signature]*

02/22/05  
DATE READ

CURTIS COULAM, M.D.  
RADIOLOGIST

BGR  
TRANSCRIBER

7/15/255  
2/13/75

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 06/25/58 DATE: 03/14/05

EXAM REQUESTED: SINUS SERIES

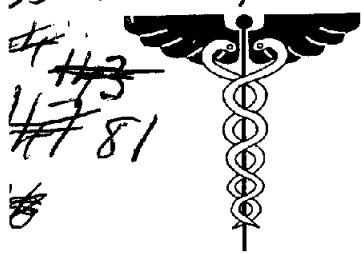
REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: HISTORY OF MAXILLARY PAIN

RADIOGRAPHIC REPORT: SINUS SERIES

FINDINGS: The paranasal sinuses are all normally developed and normally aerated. There is no evidence of acute or chronic sinus disease.

IMPRESSION: NORMAL SINUS SERIES.



**X-RAY REPORT**  
**DEPARTMENT OF CORRECTIONS**  
**PELICAN BAY STATE PRISON**  
**HEALTH CARE SERVICES**



NAME: BLOODSAW, THEOPRIC NO. P-20045 RM: ~~A2-118~~ <sup>A3-1072</sup> DOB: 06/25/58 DATE: 06/23/05

EXAM REQUESTED: FIVE VIEW CERVICAL SPINE

REQUESTING M.D.: W. WAHIDULLAH, M.D.

CLINICAL DATA: HISTORY OF PAIN

RADIOGRAPHIC REPORT: FIVE VIEW CERVICAL SPINE

FINDINGS: Comparison to previous study dated 02/22/2005.

Soft tissues remain normal.

Again noted is approximately 2 ml subluxation of C-4 with respect to C-5. This is unchanged compared to the previous study.


Degenerative narrowing of the C5-6 and C6-C7 disc spaces are again noted with no demonstrable change.

Again noted is minimal foraminal encroachment at the C5-6 level bilaterally.

**IMPRESSION:**  
**DEGENERATIVE DISC DISEASE AT C5-6 AND C6-C7**  
**WITH MILD SUBLUXATION OF C4 ON C5. THESE**  
**FINDINGS WERE ALL PRESENT ON THE PREVIOUS**  
**STUDY AND THERE HAS BEEN NO DEMONSTRATED**  
**CHANGE SINCE THAT EXAMINATION.**

CO 7/8/05

06/07/05  
DATE READ

  
CURTIS COULAM, M.D.  
RADIOLOGIST

BMC  
TRANSCRIBER

## ADA APPEAL TRACKING SHEET

INMATE NAME Bloodsaw CDC # P20045 APPEAL # A05-01931

Appeal Received

Date: 5/11/05

Verification Attached

☒ YES ☐ NO

Medical Chart Reviewed

Date: \_\_\_\_\_

Verification Obtained by Review

☐ YES ☐ NO

Appeal Forwarded for Review

Date: \_\_\_\_\_

Request for Verification

Date: \_\_\_\_\_

Verification Confirmed

☐ YES ☐ NO

Date Received: \_\_\_\_\_

Appeal Forwarded for Review

Date: \_\_\_\_\_

Unable to Verify/Consult Necessary

☐ YES ☐ NO

Appeal Suspended

Date: \_\_\_\_\_

Appointment with Outside Consult Scheduled

Date: \_\_\_\_\_

Outside Consult Completed/Report Received

Date: \_\_\_\_\_

Appeal Forwarded for Review After Suspension

Date: \_\_\_\_\_

9/1/05

URGENT  
ADA

Request  
for  
Medical Review

Verification  
of  
Disability

Inmate BLOODSAW CDC# P20045, has filed a CDC 1824 requesting accommodation under ADA. His medical file has been reviewed and has no verification of the disability he is claiming. For proper processing, a CDC 1845 and a CDC 128-C listing limitation must be generated and returned to the Appeals Office prior to 5/24/05.

APPEAL # A05-01931

Please put on  
Dr. Line to  
have ADA  
issues discussed.  
Thank You

Candy Ward  
X7224  
Med Appeals

Return to Med. Appeals  
by 5/24/05

ADA 1824 RESPONSE SHEET

Inmate's issue: Vertebral abnormal C-5/6 + C6-7  
Severe pain in left hip, spasms, lower back  
pain, dizziness

Inmate interviewed on: 5/19/05 By: W. Wahidullah MD  
 Date Interviewer

Inmate stated during the interview: pt wants total disability  
due to his back and neck pain, & occasional spasm.

Inmate's request for accommodation is: Totally disable under ADA -  
per diagnosis of physician.

The reason for the determination is: Ref to Physical  
therapy for evaluation for disability  
as it could not be determined, based on pt  
sitting comfortably during exam, not in any distress,  
and able to walk, no weakness or numbness in arm, hand  
or legs, no report or radiate of pain to the back of thigh.

If a determination cannot be made without an outside consult, please attach the order for  
 MAR review of outside consult.

## ADA APPEAL TRACKING SHEET

INMATE NAME BLODSON CDC # P20045 APPEAL # 100-01931

Appeal Received

Date: 5/11/05

Verification Attached

☒ YES ☐ NO

Medical Chart Reviewed

Date: \_\_\_\_\_

Verification Obtained by Review

☐ YES ☐ NO

Appeal Forwarded for Review

Date: \_\_\_\_\_

Request for Verification

Date: \_\_\_\_\_

Verification Confirmed

☐ YES ☐ NO

Date Received: \_\_\_\_\_

Appeal Forwarded for Review

Date: \_\_\_\_\_

Unable to Verify/Consult Necessary

☐ YES ☐ NO

Appeal Suspended

Date: \_\_\_\_\_

Appointment with Outside Consult Scheduled

Date: \_\_\_\_\_

Outside Consult Completed/Report Received

Date: \_\_\_\_\_

Appeal Forwarded for Review After Suspension

Date: \_\_\_\_\_



THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: BLOOPS AW CDC NUMBER: P20045 INSTITUTION: PBSP HOUSING ASSIGNMENT: A2 202L DATE FORM INITIATED: 8/1/07

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM

- ☒ Inmate self-identifies to staff  
☐ Observation by staff  
☐ Third party evaluation request  
☐ Medical documentation or Central File information

SECTION B: DISABILITY BEING EVALUATED

- ☐ Blind/Vision Impaired  
☒ Deaf/Hearing Impaired  
☐ Speech Impaired  
☐ Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

1. ☐ FULL TIME WHEELCHAIR USER - DPW  
Requires wheelchair accessible housing and path of travel.
2. ☐ INTERMITTENT WHEELCHAIR USER - DPO  
Requires lower bunk, wheelchair accessible path of travel and *does not require* wheelchair accessible cell.
3. ☐ MOBILITY IMPAIRMENT - With or Without Assistive Device  
(Wheelchairs shall not be prescribed) - DPM  
Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause).  
Requires lower bunk, no triple bunk, and no stairs in path of travel.
4. ☐ DEAF/HEARING IMPAIRMENT - DPH  
Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.
5. ☐ BLIND/VISION IMPAIRMENT - DPV  
Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).
6. ☐ SPEECH IMPAIRMENT - DPS  
Does not communicate effectively speaking or in writing.

SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT

1. NO CORRESPONDING CATEGORY
2. NO CORRESPONDING CATEGORY
3. ☐ MOBILITY IMPAIRMENT (Lower Extremities) - DNM  
Walks 100 yards without pause with or without assistive devices.  
☐ No Housing Restrictions ☐ See HOUSING RESTRICTIONS in Section E  
☐ Requires relatively level terrain and no obstructions in path of travel.  
Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: \_\_\_\_\_)
4. ☒ HEARING IMPAIRMENT - DNH  
With residual hearing at a functional level with hearing aid(s).
5. NO CORRESPONDING CATEGORY
6. ☐ SPEECH IMPAIRMENT - DNS  
Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSR ALERT:

- ☐ Requires relatively level terrain and no obstructions in path of travel  
☐ Complex medical needs affecting placement ☐ CDC 128-C \_\_\_\_\_

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- ☐ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐ Vest  
☐ Other: \_\_\_\_\_ ☐ CDC 128-C(s) dated: \_\_\_\_\_

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring  
☐ Toileting ☐ Other: \_\_\_\_\_ ☐ CDC 128-C(s) dated: \_\_\_\_\_

OTHER DPP DESIGNATIONS:

- ☐ NONE \_\_\_\_\_; \_\_\_\_\_  
CODE DATED CODE DATED

HOUSING RESTRICTIONS: ☐ Lower bunk ☐ No stairs ☐ No triple bunk. CDC 128-C(s) dated: \_\_\_\_\_

SECTION F: EXCLUSIONS

- ☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability.  
(Explain in Comments Section and CDC 128-C dated \_\_\_\_\_)
- ☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: \_\_\_\_\_. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_)
- ☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): \_\_\_\_\_. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_)

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier  
☐ Reads lips ☒ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

Has good function & hearing aids - does not need vest

PHYSICIAN'S NAME (Print): M.C. SAYRE PHYSICIAN'S SIGNATURE: MC Sayre DATE SIGNED: 8/1/07  
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print): M.C. SAYRE HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE: MC Sayre DATE SIGNED: 8/1/07

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institution and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DISTRIBUTION: Original - Top General Chrono Section of C-File; Green - Chrono Section, Unit Health Record Canary - C&PR/CC-III; Pink-CC-I; Gold-Inmate

State of California

DEPARTMENT OF CORRECTIONS  
CDC 128-B

NAME and NUMBER Bloodsaw, P20045

This inmate has been identified as: ☐ DPH ☒ DNH ☐ DPS ☐ DNS and was interviewed as indicated below:

☒ The inmate was was not interviewed with the assistance of a qualified sign language interpreter.

Name of sign language interpreter \_\_\_\_\_

Primary method: (Check one) (This method shall be used for due process, delivery of health care, inmate appeals and CDC 1515)

- ☐ American Sign Language ☐ Sign Exact English ☐ Other sign language: \_\_\_\_\_ ☐ Written notes  
☐ Reads Lips ☒ Hearing aide(s) ☐ Assistive listening device

Alternative method(s): (Check all that apply)

- ☐ American Sign Language ☐ Sign Exact English ☐ Other sign language: \_\_\_\_\_ ☐ Written notes  
☐ Reads Lips ☐ Hearing aide(s) ☐ Assistive listening device ☒ None

V.Y. France, Sgt.  
Interviewer's Name

Whance, Sgt.  
Interviewer's Signature

X T. Bloodsaw  
Inmate's Signature

DATE: 8/16/07 NOTE - VEST ISSUED 8/17/07 CP CAPTAIN C. PATTER INST: P BSP

EQUALLY EFFECTIVE COMMUNICATION FOR HEARING/SPEECH IMPAIRED

2001 5/5/00

2515 ← 1100 4000 010000

02:21

1007/01/00

Orig.

Figure 1

[illegible]

NAME: Bloodsaw Theophris

CDC NO: P20045 HOUSING: BX-113

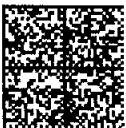
PELICAN BAY STATE PRISON  
P.O. BOX 7500  
CRESCENT CITY, CA 95532

PELICAN BAY  
G.P.  
UNIT B-8

LEGAL MAIL

*pro*

PELICAN BAY STATE PRISON  
5905 Lake East Dr  
Crescent City CA 95532



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Northern District of Calif.  
ATTN: Clerk

450, Golden Gate Ave.  
San Francisco, CA 94102



C/O M. L. H.  
8-6-08

PELICAN BAY  
G.P.  
UNIT B-8